

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	16-0080	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/16/2009 TIME 14:52

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MERCY MEDICAL CENTER 16-0080

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 1/16/2009 TIME 14:52

nUsI8jDx2YeEGIHlAgtxNIeeI4aPS0
tBfdF0AtIa8QJJ0ZKzVzzng8IfACKs
uKps1jhzTC0MEI1V

PI ENCRYPTION INFORMATION

DATE: 1/16/2009 TIME 14:52

fwIXLwa5YldkUGe6Zre2rVXVbfhxf0
ZG93K09.wokcGv2WnEtz.EArNwt1lw
s6GU8efnbp0:1N5.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A	2	B	3
1 HOSPITAL	0	1,244,421	25,321	0	0
2 SUBPROVIDER	0	16,202	0	0	0
2 .01 SUBPROVIDER II	0	20,719	0	0	0
5 HOSPITAL-BASED SNF	0	955	0	0	0
7 HOSPITAL-BASED HHA	0	0	0	0	0
100 TOTAL	0	1,282,297	25,321	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

PREPARED 1/16/2009 14:42

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(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	16-0080	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
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TITLE

DATE

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET S-2
I	I TO 6/30/2008	I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1410 NORTH FORTH STREET
1.01 CITY: CLINTON

P.O. BOX:
STATE: IA ZIP CODE: 52732- COUNTY: CLINTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX		
02.00 HOSPITAL	MERCY MEDICAL CENTER	16-0080		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	MERCY MEDICAL CENTER - PSYCH	16-S080		7/ 1/1991	N	T	N
03.01 SUBPROVIDER 2	MERCY MEDICAL CENTER - REHAB	16-T080		7/ 1/2006	N	P	N
06.00 HOSPITAL-BASED SNF	MERCY MEDICAL CENTER SNF	16-5119		4/ 1/1983	N	P	N
09.00 HOSPITAL-BASED HHA	MERCY HOMECARE AND HOSPICE	16-7154		7/ 1/1998	N	O	O
12.00 HOSP-BASED HOSPICE	MERCY HOSPICE	16-1527		7/ 1/1998			
16.00 RENAL DIALYSIS	MERCY RENAL DIALYSIS	16-2313		7/ 1/1991			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

1 2
1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1
20 SUBPROVIDER	4
20.01 SUBPROVIDER II	5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. N / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD	
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		I PROVIDER NO: I 16-0080	I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
		I PREPARED 1/16/2009	I WORKSHEET S-2

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2007			1	
26.02	ENTER THE APPLICABLE SCH DATES: ENDING: 6/30/2008				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3
			100	0.8682	0.8566
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	2	9916
					99916

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03	STAFFING	%	Y/N
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N
		N	N	N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET S-2
I I TO 6/30/2008 I

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. Y 902022
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE
 40.01 NAME: TRINITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 34605 12 MILE ROAD P.O. BOX:
 40.03 CITY: FARMINGTON HILLS STATE: MI ZIP CODE: 48331-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
 CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
 (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
 GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
 CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH
 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
 FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
 ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
 REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
 THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
 412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
 COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
 OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
 IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET S-3	
I		I	TO 6/30/2008	I	PART I	

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	122	44,652			12,570		3,400
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	122	44,652			12,570		3,400
6	INTENSIVE CARE UNIT	10	3,660			1,009		276
11	NURSERY							451
12	TOTAL	132	48,312			13,579		4,127
13	RPCH VISITS							
14	SUBPROVIDER	14	5,124			757		788
14	01 ACUTE REHAB UNIT	12	4,392			1,173		8
15	SKILLED NURSING FACILITY	97	35,502			4,723		13,799
18	HOME HEALTH AGENCY					3,420		
21	HOSPICE							
25	TOTAL	255						
26	OBSERVATION BED DAYS							321
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			20,741				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			20,741				
6	INTENSIVE CARE UNIT			1,466				
11	NURSERY			1,279				
12	TOTAL			23,486				
13	RPCH VISITS							
14	SUBPROVIDER			2,282				
14	01 ACUTE REHAB UNIT			1,646				
15	SKILLED NURSING FACILITY			22,244				
18	HOME HEALTH AGENCY			19,578				
21	HOSPICE							
25	TOTAL							
26	OBSERVATION BED DAYS		321	419		419		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			261				
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					2,831	1,087	5,480
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		627.96			2,831	1,087	5,480
13	RPCH VISITS							
14	SUBPROVIDER		16.36			119	174	502
14	01 ACUTE REHAB UNIT		10.44			102	1	144
15	SKILLED NURSING FACILITY		63.73					
18	HOME HEALTH AGENCY		35.08					
21	HOSPICE		8.64					
25	TOTAL		762.21					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET S-3
 I I TO 6/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	36,214,877		36,214,877	1,714,179.00	21.13	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,201,299		2,201,299	134,684.00	16.34	
8.01 EXCLUDED AREA SALARIES	6,216,363		6,216,363	309,963.00	20.06	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	392,303		392,303	4,402.54	89.11	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	412,763		412,763	3,761.00	109.75	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,802,810		2,802,810	58,091.00	48.25	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,829,911		6,829,911			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,068,260		2,068,260			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	537,034		537,034	43,242.00	12.42	
22 ADMINISTRATIVE & GENERAL	5,082,109		5,082,109	206,108.00	24.66	
22.01 A & G UNDER CONTRACT	522,905		522,905	3,767.72	138.79	
23 MAINTENANCE & REPAIRS	387,585		387,585	22,525.00	17.21	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	91,625		91,625	8,446.00	10.85	
26 HOUSEKEEPING	688,189		688,189	57,566.00	11.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,326,450		1,326,450	97,675.00	13.58	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,115,788		1,115,788	30,240.00	36.90	
31 CENTRAL SERVICE AND SUPPLY	122,092		122,092	9,408.00	12.98	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	813,805		813,805	41,331.00	19.69	
34 SOCIAL SERVICE	425,638		425,638	17,229.00	24.70	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,737,782		36,737,782	1,717,946.72	21.38	
2 EXCLUDED AREA SALARIES	8,417,662		8,417,662	444,647.00	18.93	
3 SUBTOTAL SALARIES	28,320,120		28,320,120	1,273,299.72	22.24	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,607,876		3,607,876	66,254.54	54.45	
5 SUBTOTAL WAGE-RELATED COSTS	6,829,911		6,829,911		24.12	
6 TOTAL	38,757,907		38,757,907	1,339,554.26	28.93	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	11,113,220		11,113,220	537,537.72	20.67	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I 1/16/2009
I HHA NO:	I TO 6/30/2008	I WORKSHEET S-4
I 16-7154	I	I
COUNTY:	CLINTON	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	12,534	5,521	2,431
2 UNDUPLICATED CENSUS COUNT				
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	20,486			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40.00			
	HHA NO. OF FTE EMPLOYEES (2080 HRS)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.78		.78	
5 OTHER ADMINISTRATIVE PERSONEL	12.07		12.07	
6 DIRECTING NURSING SERVICE				
7 NURSING SUPERVISOR	1.28		1.28	
8 PHYSICAL THERAPY SERVICE				
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE				
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE				
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	7.35	.98	8.33	
17 HOME HEALTH AIDE SUPERVISOR	1.15		1.15	
18 OTHER	12.47		12.47	
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		50031		
20.01		99914		
20.02		99916		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	1,960	0	68	10
22 SKILLED NURSING VISIT CHARGES	215,600	0	7,480	1,100
23 PHYSICAL THERAPY VISITS	983	0	4	1
24 PHYSICAL THERAPY VISIT CHARGES	122,875	0	500	125
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	6	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	750	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	29	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,495	0	0	155
31 HOME HEALTH AIDE VISITS	291	0	2	5
32 HOME HEALTH AIDE VISIT CHARGES	17,460	0	120	300
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,269	0	74	17
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	361,180	0	8,100	1,680
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	231	0	30	2
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	4,447	0	33	0

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET S-4
I HHA NO:	I TO 6/30/2008	
I 16-7154	I	
COUNTY:	CLINTON	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	41	2,079
22 SKILLED NURSING VISIT CHARGES	0	4,510	228,690
23 PHYSICAL THERAPY VISITS	0	18	1,006
24 PHYSICAL THERAPY VISIT CHARGES	0	2,250	125,750
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	6
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	750
29 MEDICAL SOCIAL SERVICE VISITS	0	1	31
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	155	4,805
31 HOME HEALTH AIDE VISITS	0	0	298
32 HOME HEALTH AIDE VISIT CHARGES	0	0	17,880
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	60	3,420
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	6,915	377,875
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	3	266
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	57	4,537

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I
I SATELLITE NO:	I TO 6/30/2008	I WORKSHEET S-5
I	I	I

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	-----	----- HOME -----	-----
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	65					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	13					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	6					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	1					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	S-7
I		I	TO 6/30/2008	I		

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		110				
2	RUB		70				
3	RUA		32				
3 .01	RUX		15				
3 .02	RUL		199				
4	RVC		203				
5	RVB		392				
6	RVA		237				
6 .01	RVX		195				
6 .02	RVL		972				
7	RHC		179				
8	RHB		141				
9	RHA		154				
9 .01	RHX						
9 .02	RHL						
10	RMC		63				
11	RMB		46				
12	RMA		16				
12 .01	RMX		539				
12 .02	RML		930				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		3				
16	SE2		139				
17	SE1		26				
18	SSC						
19	SSB		11				
20	SSA		48				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		3				
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		4,723				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8682
Wage Index Factor (after 10/01):	:	0.8566
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	9916
SNF CBSA Code	:	99916

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	S-7
I		I	TO 6/30/2008	I		

GROUP(1)		M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1		2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8682
Wage Index Factor (after 10/01):	:	0.8566
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	9916
SNF CBSA Code	:	99916

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS	TITLE XIX UNDUPLICATED MEDICAID DAYS	TITLE XVIII UNDUPLICATED SNF DAYS	TITLE XIX UNDUPLICATED NF DAYS
	1	2	3	4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	5,816			
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE	17			
5 TOTAL HOSPICE DAYS	5,833			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS	TOTAL UNDUPLICATED DAYS
	5	6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	6,495	12,311
3 INPATIENT RESPITE CARE	3	3
4 GENERAL INPATIENT CARE	4,031	4,048
5 TOTAL HOSPICE DAYS	10,529	16,362

PART II - CENSUS DATA

	TITLE XVIII	TITLE XIX	TITLE XVIII SNF	TITLE XIX NF
	1	2	3	4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER	TOTAL
	5	6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT		

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET S-10
I		I	TO 6/30/2008	I	
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 4,739,280
17.01	GROSS MEDICAID REVENUES 11,640,413
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 16,379,693
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .387322
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 11,640,413
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 4,508,588
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 4,739,280
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30) 1,835,627

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET S-10
I I TO 6/30/2008 I
I I I

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,508,588
----	--	-----------

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 16-0080
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 1/16/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		4,714,824	4,714,824	-858,865	3,855,959
3.02	0302 NEW CAP SOUTH 1970 BUILDING				492,691	492,691
3.03	0303 NEW CAP BLUFF BUILDING				73,924	73,924
4	0400 NEW CAP REL COSTS-RAD ONCOLOGY BLDG				154,655	154,655
5	0500 NEW CAP REL COSTS-MVBLE EQUIP					
6.02	0620 EMPLOYEE BENEFITS	537,034	4,740,517	5,277,551	8,369	5,285,920
6.03	0620 INFORMATION SYSTEMS	1,157,332	4,259,296	5,416,628	-29,898	5,386,730
6.04	0630 PURCHASING, RECEIVING AND STORES	399,046	188,019	587,065	-371	586,694
6.05	0640 ADMITTING	443,643	62,536	506,179	-394	505,785
6.06	0650 CASHIERING/ACCOUNTS RECEIVABLE	341,578	364,967	706,545	-1,114	705,431
7	0660 OTHER ADMINISTRATIVE AND GENERAL	2,740,510	6,967,712	9,708,222	11,489	9,719,711
8	0700 MAINTENANCE & REPAIRS	387,585	1,522,751	1,910,336	-116	1,910,220
9	0800 OPERATION OF PLANT		1,673,679	1,673,679		1,673,679
10	0900 LAUNDRY & LINEN SERVICE	91,625	80,290	171,915	315,754	487,669
11	1000 HOUSEKEEPING	688,189	212,717	900,906	-160	900,746
12	1100 DIETARY	1,326,450	947,770	2,274,220	131,449	2,405,669
14	1200 CAFETERIA					
15	1400 NURSING ADMINISTRATION	1,115,788	144,646	1,260,434	-1,436	1,258,998
17	1500 CENTRAL SERVICES & SUPPLY	122,092	78,475	200,567	-8,372	192,195
18	1700 MEDICAL RECORDS & LIBRARY	813,805	269,159	1,082,964	-3,733	1,079,231
25	1800 SOCIAL SERVICE	425,638	39,449	465,087	-932	464,155
26	2500 INPAT ROUTINE SRVC CNTRS					
31	2600 ADULTS & PEDIATRICS	5,865,304	1,232,030	7,097,334	-131,445	6,965,889
31.01	3100 INTENSIVE CARE UNIT	812,188	242,681	1,054,869	-20,300	1,034,569
33	3100 SUBPROVIDER	819,207	160,110	979,317	-13,513	965,804
34	3101 ACUTE REHAB UNIT	509,750	401,469	911,219	-1,769	909,450
37	3300 NURSERY	404,605	91,074	495,679	-1,656	494,023
39	3400 SKILLED NURSING FACILITY	2,201,299	743,760	2,945,059	-78,349	2,866,710
41	3700 ANCILLARY SRVC COST CNTRS					
44	3900 OPERATING ROOM	1,478,817	2,627,317	4,106,134	-23,473	4,082,661
49	4100 DELIVERY ROOM & LABOR ROOM	246,471	87,277	333,748	-6,285	327,463
50	4400 RADIOLOGY-DIAGNOSTIC	1,581,654	2,053,099	3,634,753	-14,197	3,620,556
52	4900 LABORATORY	1,417,880	1,806,021	3,223,901	-1,088	3,222,813
53	5000 RESPIRATORY THERAPY	881,897	195,890	1,077,787	-194	1,077,593
55	5200 PHYSICAL THERAPY	871,902	327,333	1,199,235	-3,910	1,195,325
56	5300 SPEECH PATHOLOGY	83,758	43,282	127,040	-32	127,008
57	5500 ELECTROCARDIOLOGY	415,508	321,576	737,084	-3,028	734,056
59	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
59.02	5600 DRUGS CHARGED TO PATIENTS	950,473	3,412,545	4,363,018	-817	4,362,201
61	5700 RENAL DIALYSIS	590,054	342,576	932,630	-3,730	928,900
62	5900 SPECIAL PROCEDURES	439,709	2,099,033	2,538,742	-1,649	2,537,093
71	3950 PARTIAL HOSPITALIZATION		5	5		5
77	6100 OUTPAT SERVICE COST CNTRS					
78	6200 EMERGENCY	1,166,680	3,209,269	4,375,949	-28,458	4,347,491
88	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
90	7100 OTHER REIMBURS COST CNTRS					
93	7100 HOME HEALTH AGENCY	1,492,587	945,455	2,438,042	-1,214	2,436,828
95	8800 SPEC PURPOSE COST CENTERS					
100	9000 INTEREST EXPENSE					
100.01	9300 OTHER CAPITAL RELATED COSTS					
100.02	9300 HOSPICE	423,263	610,268	1,033,531	-647	1,032,884
100.03	9500 SUBTOTALS	33,243,321	47,218,877	80,462,198	-52,814	80,409,384
100.04	9600 NONREIMBURS COST CENTERS					
100.05	9800 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.06	9800 PHYSICIANS' PRIVATE OFFICES	22,394	213,435	235,829	-7	235,822
100.07	7950 OTHER NON-REIMBURSABLE					
100.08	7951 RESPITE					
100.09	7952 LIFELINE	41,324	25,589	66,913		66,913
100.10	7953 OUTREACH	58,732	7,096	65,828		65,828
100.11	7954 ENT	391,280	212,616	603,896		603,896
100.12	7955 GASTRO CLINIC	480,069	109,993	590,062		590,062
100.13	7959 SENIOR SERVICES	15,083	45,010	60,093	-2,862	57,231
100.14	7961 GUEST MEALS					
100.15	7962 OTHER	7,229	7,593	14,822	-1,676	13,146
100.16	7963 RURAL OUTREACH	59,051	10,709	69,760	-1,292	68,468
101	7966 WYNDREST NURSING HOME	1,896,394	673,828	2,570,222	58,651	2,628,873
	TOTAL	36,214,877	48,524,746	84,739,623	-0-	84,739,623

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 16-0080

I

I PERIOD:

I FROM 7/ 1/2007

I TO 6/30/2008

I PREPARED 1/16/2009

I WORKSHEET A

I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-534,589	3,321,370
3.01	0301 NEW CAP SOUTH 1970 BUILDING		492,691
3.02	0302 NEW CAP BLUFF BUILDING		73,924
3.03	0303 NEW CAP REL COSTS-RAD ONCOLOGY BLDG		154,655
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	-188,511	5,097,409
6.02	0620 INFORMATION SYSTEMS	-689,850	4,696,880
6.03	0630 PURCHASING, RECEIVING AND STORES		586,694
6.04	0640 ADMITTING		505,785
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		705,431
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-3,944,365	5,775,346
7	0700 MAINTENANCE & REPAIRS		1,910,220
8	0800 OPERATION OF PLANT	-17,732	1,655,947
9	0900 LAUNDRY & LINEN SERVICE	-51,902	435,767
10	1000 HOUSEKEEPING		900,746
11	1100 DIETARY	-395,430	2,010,239
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-10,883	1,248,115
15	1500 CENTRAL SERVICES & SUPPLY		192,195
17	1700 MEDICAL RECORDS & LIBRARY	-35,494	1,043,737
18	1800 SOCIAL SERVICE		464,155
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-19	6,965,870
26	2600 INTENSIVE CARE UNIT		1,034,569
31	3100 SUBPROVIDER	-31,673	934,131
31.01	3101 ACUTE REHAB UNIT		909,450
33	3300 NURSERY		494,023
34	3400 SKILLED NURSING FACILITY	-1,134	2,865,576
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-22,240	4,060,421
39	3900 DELIVERY ROOM & LABOR ROOM	-3,320	324,143
41	4100 RADIOLOGY-DIAGNOSTIC	-11,200	3,609,356
44	4400 LABORATORY	-14,665	3,208,148
49	4900 RESPIRATORY THERAPY		1,077,593
50	5000 PHYSICAL THERAPY	-450	1,194,875
52	5200 SPEECH PATHOLOGY		127,008
53	5300 ELECTROCARDIOLOGY		734,056
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	-259,050	4,103,151
57	5700 RENAL DIALYSIS	-1,500	927,400
59	3120 SPECIAL PROCEDURES	-27,337	2,509,756
59.02	3950 PARTIAL HOSPITALIZATION		5
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-2,549,151	1,798,340
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-85,118	2,351,710
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	981	1,033,865
95	SUBTOTALS	-8,874,632	71,534,752
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		235,822
100	7950 OTHER NON-REIMBURSABLE		
100.01	7951 RESPITE		
100.02	7952 LIFELINE		66,913
100.03	7953 OUTREACH		65,828
100.04	7954 ENT		603,896
100.05	7955 GASTRO CLINIC		590,062
100.09	7959 SENIOR SERVICES		57,231
100.11	7961 GUEST MEALS		
100.12	7962 OTHER		13,146
100.13	7963 RURAL OUTREACH		68,468
100.16	7966 WYNDREST NURSING HOME		2,628,873
101	TOTAL	-8,874,632	75,864,991

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP SOUTH 1970 BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP BLUFF BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	INFORMATION SYSTEMS	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	ACUTE REHAB UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SPECIAL PROCEDURES	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	PARTIAL HOSPITALIZATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NON-REIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RESPIRE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	ENT	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	GASTRO CLINIC	7955	OTHER NONREIMBURSABLE COST CENTERS
100.09	SENIOR SERVICES	7959	OTHER NONREIMBURSABLE COST CENTERS
100.11	GUEST MEALS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	OTHER	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	RURAL OUTREACH	7963	OTHER NONREIMBURSABLE COST CENTERS
100.16	WYNDREST NURSING HOME	7966	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 LAUNDRY EXPENSE						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22 DEPRECIATION TO WYNDCREST	B	WYNDREST NURSING HOME	100.16			107,595
23 DEPRECIATION TO CHILDCARE	C	EMPLOYEE BENEFITS	5			30,000
24 DIETARY EXPENSE	D	DIETARY	11			135,333
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 DIETARY EXPENSE		D				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 PRINTING TRANSFERS	E	OTHER ADMINISTRATIVE AND GENERAL	6.06			47,797
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 PRINTING TRANSFERS		E				
2						
3						
4						
5						
6						

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2	3	4	5	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17 DEPRECIATION EXPENSE		F NEW CAP SOUTH 1970 BUILDING	3.01			492,691
18		NEW CAP BLUFF BUILDING	3.02			73,924
19		NEW CAP REL COSTS-RAD ONCOLOGY BLDG	3.03			154,655
36 TOTAL RECLASSIFICATIONS						1,357,836

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE	DECREASE	LINE	SALARY	OTHER	A-7
(1)	COST CENTER	(1)		NO	8	9	REF
1	6	1		7			10
1 LAUNDRY EXPENSE	A	DIETARY		11		251	
2		NURSING ADMINISTRATION		14		44	
3		CENTRAL SERVICES & SUPPLY		15		8,236	
4		ADULTS & PEDIATRICS		25		97,632	
5		INTENSIVE CARE UNIT		26		14,152	
6		SUBPROVIDER		31		6,060	
7		NURSERY		33		1,597	
8		OPERATING ROOM		37		21,861	
9		DELIVERY ROOM & LABOR ROOM		39		6,181	
10		RADIOLOGY-DIAGNOSTIC		41		13,556	
11		LABORATORY		44		210	
12		RESPIRATORY THERAPY		49		96	
13		PHYSICAL THERAPY		50		1,836	
14		ELECTROCARDIOLOGY		53		1,848	
15		DRUGS CHARGED TO PATIENTS		56		231	
16		RENAL DIALYSIS		57		2,631	
17		SPECIAL PROCEDURES		59		1,472	
18		EMERGENCY		61		26,159	
19		SKILLED NURSING FACILITY		34		63,074	
20		WYNDREST NURSING HOME		100.16		48,475	
21		ACUTE REHAB UNIT		31.01		239	
22 DEPRECIATION TO WYNDCREST	B	NEW CAP REL COSTS-BLDG & FIXT		3		107,595	9
23 DEPRECIATION TO CHILDCARE	C	NEW CAP REL COSTS-BLDG & FIXT		3		30,000	9
24 DIETARY EXPENSE	D	EMPLOYEE BENEFITS		5		19,758	
25		INFORMATION SYSTEMS		6.02		12,185	
26		OTHER ADMINISTRATIVE AND GENERAL		6.06		36,308	
27		NURSING ADMINISTRATION		14		959	
28		SOCIAL SERVICE		18		430	
29		ADULTS & PEDIATRICS		25		30,726	
30		INTENSIVE CARE UNIT		26		5,686	
31		SUBPROVIDER		31		7,102	
32		ACUTE REHAB UNIT		31.01		1,488	
33		OPERATING ROOM		37		855	
34		RADIOLOGY-DIAGNOSTIC		41		139	
35		LABORATORY		44		27	
1 DIETARY EXPENSE	D	RESPIRATORY THERAPY		49		26	
2		PHYSICAL THERAPY		50		94	
3		ELECTROCARDIOLOGY		53		507	
4		RENAL DIALYSIS		57		593	
5		SPECIAL PROCEDURES		59		65	
6		EMERGENCY		61		1,850	
7		HOME HEALTH AGENCY		71		667	
8		HOSPICE		93		160	
9		SENIOR SERVICES		100.09		583	
10		SKILLED NURSING FACILITY		34		13,524	
11		OTHER		100.12		731	
12		RURAL OUTREACH		100.13		686	
13		MEDICAL RECORDS & LIBRARY		17		184	
14 PRINTING TRANSFERS	E	EMPLOYEE BENEFITS		5		1,873	
15		INFORMATION SYSTEMS		6.02		17,713	
16		PURCHASING, RECEIVING AND STORES		6.03		371	
17		ADMITTING		6.04		394	
18		CASHIERING/ACCOUNTS RECEIVABLE		6.05		1,114	
19		MAINTENANCE & REPAIRS		7		116	
20		HOUSEKEEPING		10		160	
21		DIETARY		11		3,633	
22		NURSING ADMINISTRATION		14		433	
23		CENTRAL SERVICES & SUPPLY		15		136	
24		MEDICAL RECORDS & LIBRARY		17		3,549	
25		SOCIAL SERVICE		18		502	
26		ADULTS & PEDIATRICS		25		3,087	
27		INTENSIVE CARE UNIT		26		462	
28		SUBPROVIDER		31		351	
29		ACUTE REHAB UNIT		31.01		42	
30		NURSERY		33		59	
31		OPERATING ROOM		37		757	
32		DELIVERY ROOM & LABOR ROOM		39		104	
33		RADIOLOGY-DIAGNOSTIC		41		502	
34		LABORATORY		44		851	
35		RESPIRATORY THERAPY		49		72	
1 PRINTING TRANSFERS	E	PHYSICAL THERAPY		50		1,980	
2		SPEECH PATHOLOGY		52		32	
3		ELECTROCARDIOLOGY		53		673	
4		DRUGS CHARGED TO PATIENTS		56		586	
5		RENAL DIALYSIS		57		506	
6		SPECIAL PROCEDURES		59		112	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE		DECREASE		SALARY	OTHER	A-7 REF 10
	(1) 1	COST CENTER 6	LINE NO 7				
7		EMERGENCY	61			449	
8		HOME HEALTH AGENCY	71			547	
9		HOSPICE	93			487	
10		SENIOR SERVICES	100.09			2,279	
11		SKILLED NURSING FACILITY	34			1,751	
12		OTHER	100.12			945	
13		RURAL OUTREACH	100.13			606	
14		WYNDREST NURSING HOME	100.16			469	
15		LAUNDRY & LINEN SERVICE	9			87	
16		PHYSICIANS' PRIVATE OFFICES	98			7	
17 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3			721,270	9
18							9
19							9
36 TOTAL RECLASSIFICATIONS						1,357,836	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : LAUNDRY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	315,841	DIETARY	11	251	
2.00			0	NURSING ADMINISTRATION	14	44	
3.00			0	CENTRAL SERVICES & SUPPLY	15	8,236	
5.00			0	ADULTS & PEDIATRICS	25	97,632	
6.00			0	INTENSIVE CARE UNIT	26	14,152	
7.00			0	SUBPROVIDER	31	6,060	
8.00			0	NURSERY	33	1,597	
9.00			0	OPERATING ROOM	37	21,861	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	6,181	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	13,556	
12.00			0	LABORATORY	44	210	
13.00			0	RESPIRATORY THERAPY	49	96	
14.00			0	PHYSICAL THERAPY	50	1,836	
15.00			0	ELECTROCARDIOLOGY	53	1,848	
16.00			0	DRUGS CHARGED TO PATIENTS	56	231	
17.00			0	RENAL DIALYSIS	57	2,631	
18.00			0	SPECIAL PROCEDURES	59	1,472	
19.00			0	EMERGENCY	61	26,159	
20.00			0	SKILLED NURSING FACILITY	34	63,074	
21.00			0	WYNDREST NURSING HOME	100.16	48,475	
22.00			0	ACUTE REHAB UNIT	31.01	239	
TOTAL RECLASSIFICATIONS FOR CODE A			315,841				315,841

RECLASS CODE: B
EXPLANATION : DEPRECIATION TO WYNDCREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WYNDREST NURSING HOME	100.16	107,595	NEW CAP REL COSTS-BLDG & FIXT	3	107,595	
TOTAL RECLASSIFICATIONS FOR CODE B			107,595				107,595

RECLASS CODE: C
EXPLANATION : DEPRECIATION TO CHILDCARE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	30,000	NEW CAP REL COSTS-BLDG & FIXT	3	30,000	
TOTAL RECLASSIFICATIONS FOR CODE C			30,000				30,000

RECLASS CODE: D
EXPLANATION : DIETARY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	135,333	EMPLOYEE BENEFITS	5	19,758	
2.00			0	INFORMATION SYSTEMS	6.02	12,185	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	36,308	
5.00			0	NURSING ADMINISTRATION	14	959	
6.00			0	SOCIAL SERVICE	18	430	
7.00			0	ADULTS & PEDIATRICS	25	30,726	
8.00			0	INTENSIVE CARE UNIT	26	5,686	
9.00			0	SUBPROVIDER	31	7,102	
10.00			0	ACUTE REHAB UNIT	31.01	1,488	
11.00			0	OPERATING ROOM	37	855	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	139	
13.00			0	LABORATORY	44	27	
14.00			0	RESPIRATORY THERAPY	49	26	
15.00			0	PHYSICAL THERAPY	50	94	
16.00			0	ELECTROCARDIOLOGY	53	507	
17.00			0	RENAL DIALYSIS	57	593	
18.00			0	SPECIAL PROCEDURES	59	65	
19.00			0	EMERGENCY	61	1,850	
20.00			0	HOME HEALTH AGENCY	71	667	
21.00			0	HOSPICE	93	160	
22.00			0	SENIOR SERVICES	100.09	583	
23.00			0	SKILLED NURSING FACILITY	34	13,524	
24.00			0	OTHER	100.12	731	
25.00			0	RURAL OUTREACH	100.13	686	
26.00			0	MEDICAL RECORDS & LIBRARY	17	184	
TOTAL RECLASSIFICATIONS FOR CODE D			135,333				135,333

RECLASS CODE: E
EXPLANATION : PRINTING TRANSFERS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	47,797	EMPLOYEE BENEFITS	5	1,873	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160080	FROM 7/ 1/2007	1/16/2009
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : PRINTING TRANSFERS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INFORMATION SYSTEMS	6.02	17,713	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	371	
4.00			0	ADMITTING	6.04	394	
5.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	1,114	
6.00			0	MAINTENANCE & REPAIRS	7	116	
7.00			0	HOUSEKEEPING	10	160	
8.00			0	DIETARY	11	3,633	
9.00			0	NURSING ADMINISTRATION	14	433	
10.00			0	CENTRAL SERVICES & SUPPLY	15	136	
11.00			0	MEDICAL RECORDS & LIBRARY	17	3,549	
12.00			0	SOCIAL SERVICE	18	502	
13.00			0	ADULTS & PEDIATRICS	25	3,087	
14.00			0	INTENSIVE CARE UNIT	26	462	
15.00			0	SUBPROVIDER	31	351	
16.00			0	ACUTE REHAB UNIT	31.01	42	
17.00			0	NURSERY	33	59	
18.00			0	OPERATING ROOM	37	757	
19.00			0	DELIVERY ROOM & LABOR ROOM	39	104	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	502	
21.00			0	LABORATORY	44	851	
22.00			0	RESPIRATORY THERAPY	49	72	
23.00			0	PHYSICAL THERAPY	50	1,980	
24.00			0	SPEECH PATHOLOGY	52	32	
25.00			0	ELECTROCARDIOLOGY	53	673	
26.00			0	DRUGS CHARGED TO PATIENTS	56	586	
27.00			0	RENAL DIALYSIS	57	506	
28.00			0	SPECIAL PROCEDURES	59	112	
30.00			0	EMERGENCY	61	449	
31.00			0	HOME HEALTH AGENCY	71	547	
32.00			0	HOSPICE	93	487	
33.00			0	SENIOR SERVICES	100.09	2,279	
34.00			0	SKILLED NURSING FACILITY	34	1,751	
35.00			0	OTHER	100.12	945	
36.00			0	RURAL OUTREACH	100.13	606	
37.00			0	WYNDREST NURSING HOME	100.16	469	
38.00			0	LAUNDRY & LINEN SERVICE	9	87	
39.00			0	PHYSICIANS' PRIVATE OFFICES	98	7	
TOTAL RECLASSIFICATIONS FOR CODE E			47,797				47,797

RECLASS CODE: F
EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP SOUTH 1970 BUILDING	3.01	492,691	NEW CAP REL COSTS-BLDG & FIXT	3	721,270	
2.00	NEW CAP BLUFF BUILDING	3.02	73,924			0	
3.00	NEW CAP REL COSTS-RAD ONCOLOGY	3.03	154,655			0	
TOTAL RECLASSIFICATIONS FOR CODE F			721,270				721,270

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 16-0080 I FROM 7/ 1/2007 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	512,212					512,212	
2	LAND IMPROVEMENTS	1,951,089	70,415		70,415		2,021,504	
3	BUILDINGS & FIXTURE	63,840,365	1,333,550		1,333,550	81,036	65,092,879	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	35,462,848	2,763,618		2,763,618	583,172	37,643,294	
7	SUBTOTAL	101,766,514	4,167,583		4,167,583	664,208	105,269,889	
8	RECONCILING ITEMS							
9	TOTAL	101,766,514	4,167,583		4,167,583	664,208	105,269,889	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
RECONCILIATION OF CAPITAL COSTS CENTERS

IN LIEU OF FORM CMS-2552-96(12/1999)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET A-7
I I TO 6/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				TOTAL
		GROSS ASSETS 1	CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	67,114,382		67,114,382	.640663				
3 01	NEW CAP SOUTH 1970 B								
3 02	NEW CAP BLUFF BUILDING								
3 03	NEW CAP REL COSTS-RA								
4	NEW CAP REL COSTS-MV	37,643,294		37,643,294	.359337				
5	TOTAL	104,757,676		104,757,676	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
*								
3	NEW CAP REL COSTS-BL	1,757,017		1,564,353				3,321,370
3 01	NEW CAP SOUTH 1970 B	492,691						492,691
3 02	NEW CAP BLUFF BUILDING	73,924						73,924
3 03	NEW CAP REL COSTS-RA	154,655						154,655
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,478,287		1,564,353				4,042,640

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
*								
3	NEW CAP REL COSTS-BL	2,615,882		2,098,942				4,714,824
3 01	NEW CAP SOUTH 1970 B							
3 02	NEW CAP BLUFF BUILDING							
3 03	NEW CAP REL COSTS-RA							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,615,882		2,098,942				4,714,824

- * All lines numbers except line 5 are to be consistent with worksheet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 16-0080
II PERIOD: I PREPARED 1/16/2009
I FROM 7/ 1/2007 I WORKSHEET A-8
I TO 6/30/2008 I

DESCRIPTION (1)		(2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF.
		BASIS/CODE		COST CENTER			
1	INVEST INCOME-OLD BLDGS AND FIXTURES	1				4	5
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		1	
3	INVEST INCOME-NEW BLDGS AND FIXTURES	A	-534,589	**COST CENTER DELETED**		2	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &		3	11
5	INVESTMENT INCOME-OTHER			NEW CAP REL COSTS-MVBLE E		4	
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	A	-2,198	OTHER ADMINISTRATIVE AND		6.06	
10	TELEVISION AND RADIO SERVICE	A	-17,732	OPERATION OF PLANT		8	
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,796,834				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-8,086				
15	LAUNDRY AND LINEN SERVICE	B	-51,902	LAUNDRY & LINEN SERVICE		9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-395,430	DIETARY		11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,107	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37	OTHER INCOME	B	-259,050	DRUGS CHARGED TO PATIENTS		56	
38	OTHER INCOME	B	-450	PHYSICAL THERAPY		50	
39	CE AND CPR REVENUE	B	-10,883	NURSING ADMINISTRATION		14	
40	WELLNES REV	B	-19,274	EMPLOYEE BENEFITS		5	
41	VOLUNTEER SERVICES	B	-10,399	OTHER ADMINISTRATIVE AND		6.06	
42	DIAGNOSTIC IMAGING	B	-1,339	RADIOLOGY-DIAGNOSTIC		41	
43	MOBILE ULTRASOUND	B	-9,861	RADIOLOGY-DIAGNOSTIC		41	
44	CLINIC LAB	B	-9,773	LABORATORY		44	
45	OTHER INCOME	B	-465	OTHER ADMINISTRATIVE AND		6.06	
46	OB OTHER INCOME	B	-3,320	DELIVERY ROOM & LABOR ROO		39	
47	PEDIATRICS OTHER INCOME	B	-19	ADULTS & PEDIATRICS		25	
48	HOME CARE OTHER INCOME	B	-3,595	HOME HEALTH AGENCY		71	
49	HOSPICE OTHER INCOME	B	981	HOSPICE		93	
49.01	DME OTHER INCOME	B	-47,415	HOME HEALTH AGENCY		71	
49.02	OTHER INCOME	B	-397	OTHER ADMINISTRATIVE AND		6.06	
49.03	OTHER INCOME	B	-342,358	OTHER ADMINISTRATIVE AND		6.06	
49.04							
49.05							
49.06							
49.07	OTHER INCOME	B	-3,387	MEDICAL RECORDS & LIBRARY		17	
49.08	OTHER INCOME	B	-5,377	OTHER ADMINISTRATIVE AND		6.06	
49.09	OTHER INCOME	B	-413	EMPLOYEE BENEFITS		5	
49.10	ENTERTAINMENT	A	-1,055	OTHER ADMINISTRATIVE AND		6.06	
49.11	EMPLOYEE WELLNESS	B	-32,862	EMPLOYEE BENEFITS		5	
49.12	PRINT SHOP	B	-41	OTHER ADMINISTRATIVE AND		6.06	
49.13	CHILD DAYCARE	B	-294,373	EMPLOYEE BENEFITS		5	
49.14	LOBBYING EXPENSE	A	-16,319	OTHER ADMINISTRATIVE AND		6.06	
49.15	ADVERTISING EXPENSE	A	-232,689	OTHER ADMINISTRATIVE AND		6.06	
49.16	BAD DEBT	A	-3,833,806	OTHER ADMINISTRATIVE AND		6.06	
49.17	BAD DEBT	A	-841,880	EMERGENCY		61	
49.18	BAD DEBT HOME HEALTH	A	-34,108	HOME HEALTH AGENCY		71	
49.19	DONATIONS	A	-21,827	OTHER ADMINISTRATIVE AND		6.06	
49.20							
50	TOTAL (SUM OF LINES 1 THRU 49)		-8,874,632				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/2000)
 STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 FROM RELATED ORGANIZATIONS AND I 16-0080 I FROM 7/ 1/2007 I
 HOME OFFICE COSTS I I TO 6/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	2 INFORMATION SYSTEMS	TIS FEES	2,868,587	3,558,437	-689,850
2	5	EMPLOYEE BENEFITS	PENSION	2,054,871	1,453,000	601,871
3	5	EMPLOYEE BENEFITS	WORKER COMP	67,729	350,839	-283,110
4	5	EMPLOYEE BENEFITS	STOP LOSS	116,333	276,683	-160,350
4.01	6	6 OTHER ADMINISTRATIVE AND	MALPRACTICE INSURANCE	29,723	146,441	-116,718
4.02	6	6 OTHER ADMINISTRATIVE AND	OTHER INSURANCE	202,942	192,717	10,225
4.03	6	6 OTHER ADMINISTRATIVE AND	INTERCOMPANY DEBT COST	939,358	902,396	36,962
4.04	6	6 OTHER ADMINISTRATIVE AND	TRINITY MANAGEMENT FEES	2,146,596	1,553,712	592,884
4.05	7	MAINTENANCE & REPAIRS	IC REPAIRS AND MAINTNENAN	694,479	694,479	
5		TOTALS		9,120,618	9,128,704	-8,086

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	TRINITY HEALTH		100.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

1	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
2	LINE NO.	2	3	4	5	6	7	8	9
1	44	LAB	227,392		227,392	208,000	2,225	222,500	11,125
2	57	RENAL DIALYSIS	30,000		30,000	142,500	416	28,500	1,425
3	61	ER	1,691,492	1,691,492		142,500			
4	61	ER MED DIRECTOR	24,000		24,000	142,500	120	8,221	411
5	31	SUBPROVIDER	60,480		60,480	138,700	432	28,807	1,440
6	37	ANESTHESIOLOGY	75,000		75,000	182,900	600	52,760	2,638
7	41	RADIOLOGY	2,625		2,625	217,600	26	2,720	136
8	59	SPECIAL PROCEDURES	52,000		52,000	142,500	360	24,663	1,233
9	34	SNF	3,600		3,600	142,500	36	2,466	123
10									
11	6	6 UTILIZATION MANAGEMENT ME	1,746		1,746	142,500	14	959	48
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,168,335	1,691,492	476,843		4,229	371,596	18,579

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 1/16/2009

I 16-0080

I FROM 7/ 1/2007

I WORKSHEET A-8-2

I

I TO 6/30/2008

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LAB					222,500	4,892	4,892
2 57	RENAL DIALYSIS					28,500	1,500	1,500
3 61	ER							1,691,492
4 61	ER MED DIRECTOR					8,221	15,779	15,779
5 31	SUBPROVIDER					28,807	31,673	31,673
6 37	ANESTHESIOLOGY					52,760	22,240	22,240
7 41	RADIOLOGY					2,720		
8 59	SPECIAL PROCEDURES					24,663	27,337	27,337
9 34	SNF					2,466	1,134	1,134
10								
11 6	6 UTILIZATION MANAGEMENT ME					959	787	787
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					371,596	105,342	1,796,834

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP SOUTH 1970 BUILDING	2	SQUARE FEET	ENTERED
3.02	NEW CAP BLUFF BUILDING	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.02	INFORMATION SYSTEMS	8	ADMIN & GEN	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	COSTED REQUISITION	ENTERED
6.04	ADMITTING	10	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	12	TOTAL FACILISQUA	ENTERED
8	OPERATION OF PLANT	12	TOTAL FACILISQUA	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	14	HOURS OF SERVICE	ENTERED
11	DIETARY	15	MEALS SERVED	ENTERED
12	CAFETERIA	16	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	18	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	9	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	10	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP SOUTH 1970 BUILD	NEW CAP BLUFF BUILDING	NEW CAP REL C OSTS-RAD ONC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
		0	3	3.01	3.02	3.03	4	5
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	3,321,370	3,321,370					
003 01	NEW CAP SOUTH 1970 BUILD	492,691		492,691				
003 02	NEW CAP BLUFF BUILDING	73,924			73,924			
003 03	NEW CAP REL COSTS-RAD ONC	154,655				154,655		
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	5,097,409	21,453	43,373				5,162,235
006 02	INFORMATION SYSTEMS	4,696,880	100,961					167,454
006 03	PURCHASING, RECEIVING AND	586,694	88,823					57,738
006 04	ADMITTING	505,785	25,367					64,191
006 05	CASHIERING/ACCOUNTS RECEI	705,431	29,808					49,423
006 06	OTHER ADMINISTRATIVE AND	5,775,346	326,407	9,984	37,868			396,524
007	MAINTENANCE & REPAIRS	1,910,220	45,541	4,555				56,080
008	OPERATION OF PLANT	1,655,947						
009	LAUNDRY & LINEN SERVICE	435,767	18,969	13,570				13,257
010	HOUSEKEEPING	900,746	22,338	7,469				99,574
011	DIETARY	2,010,239	138,617	32,621				191,924
012	CAFETERIA							
014	NURSING ADMINISTRATION	1,248,115	21,566					161,443
015	CENTRAL SERVICES & SUPPLY	192,195	54,592					17,665
017	MEDICAL RECORDS & LIBRARY	1,043,737	76,930					117,749
018	SOCIAL SERVICE	464,155	38,202					61,586
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	6,965,870	901,594					848,661
026	INTENSIVE CARE UNIT	1,034,569	94,488					117,515
031	SUBPROVIDER	934,131	97,630					118,531
031 01	ACUTE REHAB UNIT	909,450		55,570				73,756
033	NURSERY	494,023	21,001					58,542
034	SKILLED NURSING FACILITY	2,865,576		167,292				318,506
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,060,421	280,038					213,970
039	DELIVERY ROOM & LABOR ROO	324,143	62,628					35,662
041	RADIOLOGY-DIAGNOSTIC	3,609,356	236,304					228,850
044	LABORATORY	3,208,148	102,241			154,655		205,153
049	RESPIRATORY THERAPY	1,077,593	42,624					127,602
050	PHYSICAL THERAPY	1,194,875	25,066	49,334				126,156
052	SPEECH PATHOLOGY	127,008		1,541				12,119
053	ELECTROCARDIOLOGY	734,056	37,675					60,120
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	4,103,151	46,256					137,524
057	RENAL DIALYSIS	927,400	3,914	23,165				85,375
059	SPECIAL PROCEDURES	2,509,756	117,371					63,621
059 02	PARTIAL HOSPITALIZATION	5						
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,798,340	179,416					168,807
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	2,351,710		39,797	9,401			215,962
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	1,033,865			19			61,242
095	SUBTOTALS	71,534,752	3,257,820	448,271	47,288	154,655		4,732,282
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		24,408	5,386				
098	PHYSICIANS' PRIVATE OFFIC	235,822	39,142	29,693	17,856			3,240
100	OTHER NON-REIMBURSABLE							
100 01	RESPIRE			6,379				
100 02	LIFELINE	66,913						5,979
100 03	OUTREACH	65,828						8,498
100 04	ENT	603,896						56,614
100 05	GASTRO CLINIC	590,062						69,461
100 09	SENIOR SERVICES	57,231		2,962				2,182
100 11	GUEST MEALS							
100 12	OTHER	13,146			8,780			1,046
100 13	RURAL OUTREACH	68,468						8,544
100 16	WYNDREST NURSING HOME	2,628,873						274,389
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	75,864,991	3,321,370	492,691	73,924	154,655		5,162,235

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		INFORMATION SYSTEMS	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		6.02	6.03	6.04	6.05	6a.05	6.06	7
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP SOUTH 1970 BUILDING							
003	03 NEW CAP REL COSTS-RAD ONC							
004	05 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	02 INFORMATION SYSTEMS	4,965,295						
006	03 PURCHASING, RECEIVING AND		733,255					
006	04 ADMITTING		4,055	599,398				
006	05 CASHIERING/ACCOUNTS RECEI		927		785,589			
006	06 OTHER ADMINISTRATIVE AND	4,965,295	10,713			11,522,137	11,522,137	
007	MAINTENANCE & REPAIRS		22,347			2,038,743	365,086	2,403,829
008	OPERATION OF PLANT		476			1,656,423	296,622	
009	LAUNDRY & LINEN SERVICE		4,884			486,447	87,110	34,414
010	HOUSEKEEPING		10,298			1,040,425	186,313	24,615
011	DIETARY		9,202			2,382,603	426,662	127,085
012	CAFETERIA							
014	NURSING ADMINISTRATION		2,275			1,433,399	256,684	10,284
015	CENTRAL SERVICES & SUPPLY		1,717			266,169	47,664	26,033
017	MEDICAL RECORDS & LIBRARY		1,763			1,240,179	222,084	36,684
018	SOCIAL SERVICE		732			564,675	101,119	18,217
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		31,869	72,410	94,912	8,915,316	1,596,504	429,928
026	INTENSIVE CARE UNIT		5,094	11,040	14,470	1,277,176	228,709	45,057
031	SUBPROVIDER		2,305	6,430	8,428	1,167,455	209,061	46,555
031	01 ACUTE REHAB UNIT		999	6,206	8,134	1,054,115	188,765	103,888
033	NURSERY		2,859	4,602	6,032	587,059	105,127	10,015
034	SKILLED NURSING FACILITY		17,435	48,999	64,225	3,482,033	623,542	312,759
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		197,039	69,892	91,611	4,912,971	879,785	133,537
039	DELIVERY ROOM & LABOR ROO		1,726	4,864	6,376	435,399	77,969	29,864
041	RADIOLOGY-DIAGNOSTIC		25,337	80,113	105,008	4,439,623	795,021	200,445
044	LABORATORY		72,939	74,806	98,052	3,761,339	673,558	48,754
049	RESPIRATORY THERAPY		14,856	11,153	14,619	1,288,447	230,727	20,325
050	PHYSICAL THERAPY		2,817	10,190	13,357	1,421,795	254,607	104,184
052	SPEECH PATHOLOGY		266	986	1,292	143,212	25,646	2,881
053	ELECTROCARDIOLOGY		1,309	21,226	27,822	882,208	157,981	17,965
055	MEDICAL SUPPLIES CHARGED			468	614	1,082	194	
056	DRUGS CHARGED TO PATIENTS		64,502	81,065	106,183	4,538,681	812,760	22,057
057	RENAL DIALYSIS		3,404	12,815	16,797	1,072,870	192,123	45,173
059	SPECIAL PROCEDURES		127,679	55,534	72,792	2,946,753	527,687	55,969
059	02 PARTIAL HOSPITALIZATION					5	1	
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		9,346	26,599	34,865	2,217,373	397,074	85,555
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		53,662			2,670,532	478,223	132,765
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE					1,095,126	196,109	117
095	SUBTOTALS	4,965,295	704,832	599,398	785,589	70,941,770	10,640,517	2,125,125
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					29,794	5,335	21,707
098	PHYSICIANS' PRIVATE OFFIC		9,859			335,612	60,099	185,028
100	OTHER NON-REIMBURSABLE		2,019			2,019	362	
100	01 RESPITE					6,379	1,142	11,926
100	02 LIFELINE					72,892	13,053	
100	03 OUTREACH					74,326	13,310	
100	04 ENT					660,510	118,280	
100	05 GASTRO CLINIC					659,523	118,103	
100	09 SENIOR SERVICES		230			62,605	11,211	5,537
100	11 GUEST MEALS							
100	12 OTHER					22,972	4,114	54,506
100	13 RURAL OUTREACH		400			77,412	13,862	
100	16 WYNDREST NURSING HOME		15,915			2,919,177	522,749	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4,965,295	733,255	599,398	785,589	75,864,991	11,522,137	2,403,829

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP SOUTH 1970 BUILDI							
003	03 NEW CAP BLUFF BUILDING							
003	03 NEW CAP REL COSTS-RAD ONC							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	02 INFORMATION SYSTEMS							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,953,045						
009	LAUNDRY & LINEN SERVICE	27,960	635,931					
010	HOUSEKEEPING	19,999		1,271,352				
011	DIETARY	103,253	544	14,066	3,054,213			
012	CAFETERIA			16,513	694,959	711,472		
014	NURSING ADMINISTRATION	8,355		7,951		24,061	1,740,734	
015	CENTRAL SERVICES & SUPPLY	21,151	17,845	18,959		7,484		405,305
017	MEDICAL RECORDS & LIBRARY	29,805		11,375		32,888		1,073
018	SOCIAL SERVICE	14,800		6,524		13,708		445
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	349,306	194,742	442,906	578,909	208,584	851,454	19,384
026	INTENSIVE CARE UNIT	36,607	30,663	73,390	38,221	23,172	94,579	3,098
031	SUBPROVIDER	37,825	13,130	53,574	65,284		110,554	1,402
031	01 ACUTE REHAB UNIT	84,406	518		43,939	17,278		607
033	NURSERY	8,137	3,607	3,058			45,870	1,739
034	SKILLED NURSING FACILITY	254,108	136,661	114,365	714,414			10,604
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	108,495	36,374	157,665		45,629	186,248	119,848
039	DELIVERY ROOM & LABOR ROO	24,264	13,393	12,435		6,906	28,200	1,050
041	RADIOLOGY-DIAGNOSTIC	162,856	26,183	68,538		55,261		15,411
044	LABORATORY	39,611	455	29,560		51,756		44,364
049	RESPIRATORY THERAPY	16,514	208	10,764		30,000		9,036
050	PHYSICAL THERAPY	84,647	3,978	24,341		30,960		1,713
052	SPEECH PATHOLOGY	2,340		5,667		1,863		162
053	ELECTROCARDIOLOGY	14,596	4,005	17,573		14,714		796
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	17,921		10,560			131,952	39,232
057	RENAL DIALYSIS	36,702	5,701	29,234	43,425	21,770	88,859	2,071
059	SPECIAL PROCEDURES	45,473	3,190	11,375		11,943	48,745	77,659
059	02 PARTIAL HOSPITALIZATION			11,987				
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	69,511	46,753	86,233		37,795	154,273	5,684
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	107,868		19,456		58,065		32,639
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	95		33		14,292		
095	SUBTOTALS	1,726,605	537,950	1,258,102	2,179,151	708,129	1,740,734	388,017
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	17,637						
098	PHYSICIANS' PRIVATE OFFIC	150,330		8,154				5,997
100	OTHER NON-REIMBURSABLE							1,228
100	01 RESPITE	9,690		5,096				
100	02 LIFELINE							
100	03 OUTREACH							
100	04 ENT							
100	05 GASTRO CLINIC							
100	09 SENIOR SERVICES	4,498				3,343		140
100	11 GUEST MEALS				45,012			
100	12 OTHER	44,285						
100	13 RURAL OUTREACH							243
100	16 WYNDREST NURSING HOME		97,981		830,050			9,680
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,953,045	635,931	1,271,352	3,054,213	711,472	1,740,734	405,305

Health Financial Systems		MCRIF32		FOR MERCY MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS						I PROVIDER NO:	I PERIOD:	I PREPARED	1/16/2009
						I 16-0080	I FROM 7/ 1/2007	I WORKSHEET B	
						I	I TO 6/30/2008	I PART I	
COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL			
		17	18	25	26	27			
GENERAL SERVICE COST CNTR									
003	NEW CAP REL COSTS-BLDG &								
003 01	NEW CAP SOUTH 1970 BUILDI								
003 02	NEW CAP BLUFF BUILDING								
003 03	NEW CAP REL COSTS-RAD ONC								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006 02	INFORMATION SYSTEMS								
006 03	PURCHASING, RECEIVING AND								
006 04	ADMITTING								
006 05	CASHIERING/ACCOUNTS RECEI								
006 06	OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY								
017	MEDICAL RECORDS & LIBRARY	1,574,088							
018	SOCIAL SERVICE		719,488						
INPAT ROUTINE SRVC CNTRS									
025	ADULTS & PEDIATRICS	190,168		13,777,201		13,777,201			
026	INTENSIVE CARE UNIT	28,993		1,879,665		1,879,665			
031	SUBPROVIDER	16,887		1,721,727		1,721,727			
031 01	ACUTE REHAB UNIT	16,298		1,509,814		1,509,814			
033	NURSERY	12,085		776,697		776,697			
034	SKILLED NURSING FACILITY	128,683		5,777,169		5,777,169			
ANCILLARY SRVC COST CNTRS									
037	OPERATING ROOM	183,553		6,764,105		6,764,105			
039	DELIVERY ROOM & LABOR ROO	12,775	13,216	655,471		655,471			
041	RADIOLOGY-DIAGNOSTIC	210,396		5,973,734		5,973,734			
044	LABORATORY	196,459		4,845,856		4,845,856			
049	RESPIRATORY THERAPY	29,292		1,635,313		1,635,313			
050	PHYSICAL THERAPY	26,762		1,952,987		1,952,987			
052	SPEECH PATHOLOGY	2,589		184,360		184,360			
053	ELECTROCARDIOLOGY	55,744		1,165,582		1,165,582			
055	MEDICAL SUPPLIES CHARGED	1,230		2,506		2,506			
056	DRUGS CHARGED TO PATIENTS	212,816		5,785,979		5,785,979			
057	RENAL DIALYSIS	33,655	668,633	2,240,216		2,240,216			
059	SPECIAL PROCEDURES	145,847	1	3,874,642		3,874,642			
059 02	PARTIAL HOSPITALIZATION		575	12,568		12,568			
OUTPAT SERVICE COST CNTRS									
061	EMERGENCY	69,856	37,063	3,207,170		3,207,170			
062	OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS									
071	HOME HEALTH AGENCY			3,499,548		3,499,548			
SPEC PURPOSE COST CENTERS									
093	HOSPICE			1,305,772		1,305,772			
095	SUBTOTALS	1,574,088	719,488	68,548,082		68,548,082			
NONREIMBURS COST CENTERS									
096	GIFT, FLOWER, COFFEE SHOP			74,473		74,473			
098	PHYSICIANS' PRIVATE OFFIC			745,220		745,220			
100	OTHER NON-REIMBURSABLE			3,609		3,609			
100 01	RESPIRE			34,233		34,233			
100 02	LIFELINE			85,945		85,945			
100 03	OUTREACH			87,636		87,636			
100 04	ENT			778,790		778,790			
100 05	GASTRO CLINIC			777,626		777,626			
100 09	SENIOR SERVICES			87,334		87,334			
100 11	GUEST MEALS			45,012		45,012			
100 12	OTHER			125,877		125,877			
100 13	RURAL OUTREACH			91,517		91,517			
100 16	WYNDREST NURSING HOME			4,379,637		4,379,637			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	1,574,088	719,488	75,864,991		75,864,991			

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP SOUTH 1970 BUILD 3.01	NEW CAP BLUFF BUILDING 3.02	NEW CAP REL C OSTS-RAD ONC 3.03	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP SOUTH 1970 BUILD							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 05 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		21,453	43,373				64,826
006 02 INFORMATION SYSTEMS		100,961					100,961
006 03 PURCHASING, RECEIVING AND	13,786	88,823					102,609
006 04 ADMITTING		25,367					25,367
006 05 CASHIERING/ACCOUNTS RECEI		29,808					29,808
006 06 OTHER ADMINISTRATIVE AND	145,301	326,407	9,984	37,868			519,560
007 MAINTENANCE & REPAIRS		45,541	4,555				50,096
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		18,969	13,570				32,539
010 HOUSEKEEPING		22,338	7,469				29,807
011 DIETARY		138,617	32,621				171,238
012 CAFETERIA							
014 NURSING ADMINISTRATION	10	21,566					21,576
015 CENTRAL SERVICES & SUPPLY	12,813	54,592					67,405
017 MEDICAL RECORDS & LIBRARY		76,930					76,930
018 SOCIAL SERVICE		38,202					38,202
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	18,252	901,594					919,846
031 INTENSIVE CARE UNIT	1,982	94,488					96,470
031 SUBPROVIDER	1,148	97,630					98,778
031 01 ACUTE REHAB UNIT	919		55,570				56,489
033 NURSERY		21,001					21,001
034 SKILLED NURSING FACILITY	16,580		167,292				183,872
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	5,352	280,038					285,390
041 DELIVERY ROOM & LABOR ROO		62,628					62,628
044 RADIOLOGY-DIAGNOSTIC	380	236,304					391,339
049 LABORATORY	18,400	102,241			154,655		120,641
050 RESPIRATORY THERAPY	6,082	42,624					48,706
052 PHYSICAL THERAPY	3,881	25,066	49,334				78,281
053 SPEECH PATHOLOGY			1,541				1,541
055 ELECTROCARDIOLOGY	209,916	37,675					247,591
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS	3,922	46,256					50,178
059 RENAL DIALYSIS		3,914	23,165				27,079
059 SPECIAL PROCEDURES		117,371					117,371
059 02 PARTIAL HOSPITALIZATION							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,928	179,416					181,344
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	40,071		39,797	9,401			89,269
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE				19			19
095 SUBTOTALS	500,723	3,257,820	448,271	47,288	154,655		4,408,757
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		24,408	5,386				29,794
098 PHYSICIANS' PRIVATE OFFIC	19,789	39,142	29,693	17,856			106,480
100 OTHER NON-REIMBURSABLE							
100 01 RESPITE			6,379				6,379
100 02 LIFELINE							
100 03 OUTREACH							
100 04 ENT							
100 05 GASTRO CLINIC							
100 09 SENIOR SERVICES			2,962				2,962
100 11 GUEST MEALS							
100 12 OTHER				8,780			8,780
100 13 RURAL OUTREACH							
100 16 WYNDREST NURSING HOME							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	520,512	3,321,370	492,691	73,924	154,655		4,563,152

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	INFORMATION SYSTEMS	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	5	6.02	6.03	6.04	6.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP SOUTH 1970 BUILDI							
003 03 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	64,826						
006 02 INFORMATION SYSTEMS	2,103	103,064					
006 03 PURCHASING, RECEIVING AND	725		103,334				
006 04 ADMITTING	806		571	26,744			
006 05 CASHIERING/ACCOUNTS RECEI	621		131		30,560		
006 06 OTHER ADMINISTRATIVE AND	4,980	103,064	1,510			629,114	
007 MAINTENANCE & REPAIRS	704		3,149			19,935	73,884
008 OPERATION OF PLANT			67			16,197	
009 LAUNDRY & LINEN SERVICE	166		688			4,756	1,058
010 HOUSEKEEPING	1,250		1,451			10,173	757
011 DIETARY	2,410		1,297			23,297	3,906
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,027		321			14,016	316
015 CENTRAL SERVICES & SUPPLY	222		242			2,603	800
017 MEDICAL RECORDS & LIBRARY	1,479		249			12,126	1,128
018 SOCIAL SERVICE	773		103			5,521	560
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	10,659		4,491	3,229	3,693	87,147	13,213
026 INTENSIVE CARE UNIT	1,476		718	492	563	12,488	1,385
031 SUBPROVIDER	1,488		325	287	328	11,415	1,431
031 01 ACUTE REHAB UNIT	926		141	277	317	10,307	3,193
033 NURSERY	735		403	205	235	5,740	308
034 SKILLED NURSING FACILITY	4,000		2,457	2,185	2,499	34,047	9,613
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,687		27,766	3,117	3,565	48,039	4,104
039 DELIVERY ROOM & LABOR ROO	448		243	217	248	4,257	918
041 RADIOLOGY-DIAGNOSTIC	2,874		3,571	3,572	4,086	43,411	6,161
044 LABORATORY	2,576		10,279	3,336	3,815	36,778	1,498
049 RESPIRATORY THERAPY	1,602		2,094	497	569	12,598	625
050 PHYSICAL THERAPY	1,584		397	454	520	13,902	3,202
052 SPEECH PATHOLOGY	152		38	44	50	1,400	89
053 ELECTROCARDIOLOGY	755		185	947	1,083	8,626	552
055 MEDICAL SUPPLIES CHARGED				21	24	11	
056 DRUGS CHARGED TO PATIENTS	1,727		9,090	3,631	4,122	44,379	678
057 RENAL DIALYSIS	1,072		480	571	654	10,491	1,388
059 SPECIAL PROCEDURES	799		17,993	2,476	2,832	28,813	1,720
059 02 PARTIAL HOSPITALIZATION							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,120		1,317	1,186	1,357	21,681	2,630
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,712		7,562			26,112	4,081
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	769					10,708	4
095 SUBTOTALS	59,427	103,064	99,329	26,744	30,560	580,974	65,318
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						291	667
098 PHYSICIANS' PRIVATE OFFIC	41		1,389			3,282	5,687
100 OTHER NON-REIMBURSABLE			285			20	
100 01 RESPITE						62	367
100 02 LIFELINE	75					713	
100 03 OUTREACH	107					727	
100 04 ENT	711					6,458	
100 05 GASTRO CLINIC	872					6,449	
100 09 SENIOR SERVICES	27		32			612	170
100 11 GUEST MEALS							
100 12 OTHER	13					225	1,675
100 13 RURAL OUTREACH	107		56			757	
100 16 WYNDREST NURSING HOME	3,446		2,243			28,544	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	64,826	103,064	103,334	26,744	30,560	629,114	73,884

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 16-0080 I PERIOD: 7/ 1/2007 I PREPARED 1/16/2009
 I I FROM 6/30/2008 I WORKSHEET B
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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP SOUTH 1970 BUILDI							
003 03 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	16,264						
009 LAUNDRY & LINEN SERVICE	233	39,440					
010 HOUSEKEEPING	167		43,605				
011 DIETARY	860	34	482	203,524			
012 CAFETERIA			566	46,310	46,876		
014 NURSING ADMINISTRATION	70		273		1,585	40,184	
015 CENTRAL SERVICES & SUPPLY	176	1,107	650		493		73,698
017 MEDICAL RECORDS & LIBRARY	248		390		2,167		195
018 SOCIAL SERVICE	123		224		903		81
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,907	12,075	15,189	38,577	13,743	19,657	3,525
031 INTENSIVE CARE UNIT	305	1,902	2,517	2,547	1,527	2,183	563
031 SUBPROVIDER	315	814	1,838	4,350		2,552	255
031 01 ACUTE REHAB UNIT	703	32		2,928	1,138		110
033 NURSERY	68	224	105			1,059	316
034 SKILLED NURSING FACILITY	2,116	8,476	3,923	47,607			1,928
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	903	2,256	5,408		3,006	4,299	21,793
041 DELIVERY ROOM & LABOR ROO	202	831	427		455	651	191
044 RADIOLOGY-DIAGNOSTIC	1,356	1,624	2,351		3,641		2,802
049 LABORATORY	330	28	1,014		3,410		8,067
050 RESPIRATORY THERAPY	138	13	369		1,977		1,643
052 PHYSICAL THERAPY	705	247	835		2,040		312
053 SPEECH PATHOLOGY	19		194		123		29
055 ELECTROCARDIOLOGY	122	248	603		969		145
056 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	149		362			3,046	7,134
057 RENAL DIALYSIS	306	354	1,003	2,894	1,434	2,051	377
059 SPECIAL PROCEDURES	379	198	390		787	1,125	14,121
059 02 PARTIAL HOSPITALIZATION			411				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	579	2,900	2,958		2,490	3,561	1,034
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	898		667		3,826		5,935
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	1		1		942		
096 SUBTOTALS	14,378	33,363	43,150	145,213	46,656	40,184	70,556
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	147						
100 PHYSICIANS' PRIVATE OFFIC	1,252		280				1,090
100 OTHER NON-REIMBURSABLE							223
100 01 RESPITE	81		175				
100 02 LIFELINE							
100 03 OUTREACH							
100 04 ENT							
100 05 GASTRO CLINIC							
100 09 SENIOR SERVICES	37				220		25
100 11 GUEST MEALS				2,999			
100 12 OTHER	369						
100 13 RURAL OUTREACH							44
100 16 WYNDREST NURSING HOME		6,077		55,312			1,760
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	16,264	39,440	43,605	203,524	46,876	40,184	73,698

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B
 I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
GENERAL SERVICE COST CNTR					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP SOUTH 1970 BUILDI					
003 02 NEW CAP BLUFF BUILDING					
003 03 NEW CAP REL COSTS-RAD ONC					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 02 INFORMATION SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY	94,912				
018 SOCIAL SERVICE		46,490			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	11,463		1,159,414		1,159,414
026 INTENSIVE CARE UNIT	1,748		126,884		126,884
031 SUBPROVIDER	1,018		125,194		125,194
031 01 ACUTE REHAB UNIT	982		77,543		77,543
033 NURSERY	728		31,127		31,127
034 SKILLED NURSING FACILITY	7,757		310,480		310,480
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	11,064		423,397		423,397
039 DELIVERY ROOM & LABOR ROO	770	854	73,340		73,340
041 RADIOLOGY-DIAGNOSTIC	12,682		479,470		479,470
044 LABORATORY	11,842		203,614		203,614
049 RESPIRATORY THERAPY	1,766		72,597		72,597
050 PHYSICAL THERAPY	1,613		104,092		104,092
052 SPEECH PATHOLOGY	156		3,835		3,835
053 ELECTROCARDIOLOGY	3,360		265,186		265,186
055 MEDICAL SUPPLIES CHARGED	74		130		130
056 DRUGS CHARGED TO PATIENTS	12,858		137,354		137,354
057 RENAL DIALYSIS	2,029	43,204	95,387		95,387
059 SPECIAL PROCEDURES	8,791		197,795		197,795
059 02 PARTIAL HOSPITALIZATION		37	448		448
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	4,211	2,395	231,763		231,763
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			141,062		141,062
SPEC PURPOSE COST CENTERS					
093 HOSPICE			12,444		12,444
095 SUBTOTALS	94,912	46,490	4,272,556		4,272,556
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			30,899		30,899
098 PHYSICIANS' PRIVATE OFFIC			119,501		119,501
100 OTHER NON-REIMBURSABLE			528		528
100 01 RESPITE			7,064		7,064
100 02 LIFELINE			788		788
100 03 OUTREACH			834		834
100 04 ENT			7,169		7,169
100 05 GASTRO CLINIC			7,321		7,321
100 09 SENIOR SERVICES			4,085		4,085
100 11 GUEST MEALS			2,999		2,999
100 12 OTHER			11,062		11,062
100 13 RURAL OUTREACH			964		964
100 16 WYNDREST NURSING HOME			97,382		97,382
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	94,912	46,490	4,563,152		4,563,152

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP SOUTH 1970 BUILDING	NEW CAP BLUFF BUILDING	NEW CAP REL C OSTS-RAD ONC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
		(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES)
		3	3.01	3.02	3.03	4	5
003	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	176,495					
003	01 NEW CAP SOUTH 1970 BU		102,644				
003	02 NEW CAP BLUFF BUILDIN			51,141			
003	03 NEW CAP REL COSTS-RAD				9,780		
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	1,140	9,036				35,677,843
006	02 INFORMATION SYSTEMS	5,365					1,157,332
006	03 PURCHASING, RECEIVING	4,720					399,046
006	04 ADMITTING	1,348					443,643
006	05 CASHIERING/ACCOUNTS R	1,584					341,578
006	06 OTHER ADMINISTRATIVE	17,345	2,080	26,197			2,740,510
007	MAINTENANCE & REPAIRS	2,420	949				387,585
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI	1,008	2,827				91,625
010	HOUSEKEEPING	1,187	1,556				688,189
011	DIETARY	7,366	6,796				1,326,450
012	CAFETERIA						
014	NURSING ADMINISTRATIO	1,146					1,115,788
015	CENTRAL SERVICES & SU	2,901					122,092
017	MEDICAL RECORDS & LIB	4,088					813,805
018	SOCIAL SERVICE	2,030					425,638
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	47,910					5,865,304
031	INTENSIVE CARE UNIT	5,021					812,188
031	SUBPROVIDER	5,188					819,207
031	01 ACUTE REHAB UNIT		11,577				509,750
033	NURSERY	1,116					404,605
034	SKILLED NURSING FACIL		34,853				2,201,299
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	14,881					1,478,817
039	DELIVERY ROOM & LABOR	3,328					246,471
041	RADIOLOGY-DIAGNOSTIC	12,557			9,780		1,581,654
044	LABORATORY	5,433					1,417,880
049	RESPIRATORY THERAPY	2,265					881,897
050	PHYSICAL THERAPY	1,332	10,278				871,902
052	SPEECH PATHOLOGY		321				83,758
053	ELECTROCARDIOLOGY	2,002					415,508
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI	2,458					950,473
057	RENAL DIALYSIS	208	4,826				590,054
059	SPECIAL PROCEDURES	6,237					439,709
059	02 PARTIAL HOSPITALIZATI						
061	OUTPAT SERVICE COST C						
061	EMERGENCY	9,534					1,166,680
062	OBSERVATION BEDS (NON						
071	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY		8,291	6,504			1,492,587
093	SPEC PURPOSE COST CEN						
093	HOSPICE			13			423,263
095	SUBTOTALS	173,118	93,390	32,714	9,780		32,706,287
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,297	1,122				
098	PHYSICIANS' PRIVATE O	2,080	6,186	12,353			22,394
100	OTHER NON-REIMBURSABL						
100	01 RESPITE		1,329				
100	02 LIFELINE						41,324
100	03 OUTREACH						58,732
100	04 ENT						391,280
100	05 GASTRO CLINIC						480,069
100	09 SENIOR SERVICES		617				15,083
100	11 GUEST MEALS						
100	12 OTHER			6,074			7,229
100	13 RURAL OUTREACH						59,051
100	16 WYNDREST NURSING HOME						1,896,394
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	3,321,370	492,691	73,924	154,655		5,162,235
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	18.818493		1.445494			
105	(WRKSHT B, PT I)		4.799998		15.813395		.144690
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						64,826
108	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER						.001817
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B-1
 I TO 6/30/2008 I

COST CENTER DESCRIPTION	INFORMATION S YSTEMS	PURCHASING, R ECEIVING AND	ADMITTING (GROSS ARGES	CASHIERING/AC COUNTS RECEI (GROSS ARGES	CH RECONCIL-) IATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	(ADMIN & GEN	(COSTED) REQUESTION	(GROSS ARGES	CH(GROSS)ARGES	CH RECONCIL-) IATION	(ACCUM. COST	(TOTAL) FACILISQUA)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP SOUTH 1970 BU							
003 02 NEW CAP BLUFF BUILDIN							
003 03 NEW CAP REL COSTS-RAD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS	100,000						
006 03 PURCHASING, RECEIVING		4,749,538					
006 04 ADMITTING		26,263	167,042,272				
006 05 CASHIERING/ACCOUNTS R		6,007		167,042,272			
006 06 OTHER ADMINISTRATIVE	100,000	69,389			-11,522,137	64,342,854	
007 MAINTENANCE & REPAIRS		144,749				2,038,743	267,876
008 OPERATION OF PLANT		3,082				1,656,423	
009 LAUNDRY & LINEN SERVI		31,635				486,447	3,835
010 HOUSEKEEPING		66,701				1,040,425	2,743
011 DIETARY		59,605				2,382,603	14,162
012 CAFETERIA							
014 NURSING ADMINISTRATIO		14,737				1,433,399	1,146
015 CENTRAL SERVICES & SU		11,120				266,169	2,901
017 MEDICAL RECORDS & LIB		11,422				1,240,179	4,088
018 SOCIAL SERVICE		4,739				564,675	2,030
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		206,427	20,181,225	20,181,225		8,915,316	47,910
026 INTENSIVE CARE UNIT		32,995	3,076,853	3,076,853		1,277,176	5,021
031 SUBPROVIDER		14,928	1,792,108	1,792,108		1,167,455	5,188
031 01 ACUTE REHAB UNIT		6,469	1,729,610	1,729,610		1,054,115	11,577
033 NURSERY		18,521	1,282,536	1,282,536		587,059	1,116
034 SKILLED NURSING FACIL		112,931	13,656,244	13,656,244		3,482,033	34,853
ANCILLARY SRVC COST C							
037 OPERATING ROOM		1,276,290	19,479,285	19,479,285		4,912,971	14,881
039 DELIVERY ROOM & LABOR		11,183	1,355,679	1,355,679		435,399	3,328
041 RADIOLOGY-DIAGNOSTIC		164,118	22,327,958	22,327,958		4,439,623	22,337
044 LABORATORY		472,452	20,848,879	20,848,879		3,761,339	5,433
049 RESPIRATORY THERAPY		96,226	3,108,543	3,108,543		1,288,447	2,265
050 PHYSICAL THERAPY		18,244	2,840,100	2,840,100		1,421,795	11,610
052 SPEECH PATHOLOGY		1,724	274,787	274,787		143,212	321
053 ELECTROCARDIOLOGY		8,482	5,915,700	5,915,700		882,208	2,002
055 MEDICAL SUPPLIES CHAR			130,491	130,491		1,082	
056 DRUGS CHARGED TO PATI		417,801	22,579,553	22,579,553		4,538,681	2,458
057 RENAL DIALYSIS		22,050	3,571,603	3,571,603		1,072,870	5,034
059 SPECIAL PROCEDURES		827,020	15,477,715	15,477,715		2,946,753	6,237
059 02 PARTIAL HOSPITALIZATI						5	
OUTPAT SERVICE COST C							
061 EMERGENCY		60,535	7,413,403	7,413,403		2,217,373	9,534
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY		347,589				2,670,532	14,795
SPEC PURPOSE COST CEN							
093 HOSPICE						1,095,126	13
095 SUBTOTALS	100,000	4,565,434	167,042,272	167,042,272	-11,522,137	59,419,633	236,818
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						29,794	2,419
098 PHYSICIANS' PRIVATE O		63,862				335,612	20,619
100 OTHER NON-REIMBURSABL		13,078				2,019	
100 01 RESPITE						6,379	1,329
100 02 LIFELINE						72,892	
100 03 OUTREACH						74,326	
100 04 ENT						660,510	
100 05 GASTRO CLINIC						659,523	
100 09 SENIOR SERVICES		1,489				62,605	617
100 11 GUEST MEALS							
100 12 OTHER						22,972	6,074
100 13 RURAL OUTREACH		2,590				77,412	
100 16 WYNDREST NURSING HOME		103,085				2,919,177	
CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,965,295	733,255	599,398	785,589		11,522,137	2,403,829
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.154384		.004703		.179074	
(WRKSHT B, PT I)	49.652950		.003588				8.973663
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	103,064	103,334	26,744	30,560		629,114	73,884
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.021757		.000183		.009778	
(WRKSHT B, PT III)	1.030640		.000160				.275814

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(TOTAL FACILITIES)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(MEALS) SERVED	(DIRECT) NRSNG HRS	(COSTED) REQUISITION
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP SOUTH 1970 BU							
003	03 NEW CAP BLUFF BUILDIN							
004	NEW CAP REL COSTS-RAD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	02 INFORMATION SYSTEMS							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	267,876						
009	LAUNDRY & LINEN SERVI	3,835	889,408					
010	HOUSEKEEPING	2,743		155,910				
011	DIETARY	14,162	761	1,725	332,819			
012	CAFETERIA			2,025	75,730	109,615		
014	NURSING ADMINISTRATIO	1,146		975		3,707	535,918	
015	CENTRAL SERVICES & SU	2,901	24,958	2,325		1,153		4,316,250
017	MEDICAL RECORDS & LIB	4,088		1,395		5,067		11,422
018	SOCIAL SERVICE	2,030		800		2,112		4,739
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	47,910	272,365	54,315	63,084	32,136	262,136	206,427
031	INTENSIVE CARE UNIT	5,021	42,885	9,000	4,165	3,570	29,118	32,995
031	SUBPROVIDER	5,188	18,364	6,570	7,114		34,036	14,928
031	01 ACUTE REHAB UNIT	11,577	725		4,788	2,662		6,469
033	NURSERY	1,116	5,045	375			14,122	18,521
034	SKILLED NURSING FACIL	34,853	191,133	14,025	77,850			112,931
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	14,881	50,873	19,335		7,030	57,340	1,276,290
039	DELIVERY ROOM & LABOR	3,328	18,731	1,525		1,064	8,682	11,183
041	RADIOLOGY-DIAGNOSTIC	22,337	36,620	8,405		8,514		164,118
044	LABORATORY	5,433	636	3,625		7,974		472,452
049	RESPIRATORY THERAPY	2,265	291	1,320		4,622		96,226
050	PHYSICAL THERAPY	11,610	5,563	2,985		4,770		18,244
052	SPEECH PATHOLOGY	321		695		287		1,724
053	ELECTROCARDIOLOGY	2,002	5,601	2,155		2,267		8,482
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI	2,458		1,295			40,624	417,801
057	RENAL DIALYSIS	5,034	7,973	3,585	4,732	3,354	27,357	22,050
059	SPECIAL PROCEDURES	6,237	4,461	1,395		1,840	15,007	827,020
059	02 PARTIAL HOSPITALIZATI			1,470				
061	OUTPAT SERVICE COST C							
062	EMERGENCY	9,534	65,388	10,575		5,823	47,496	60,535
071	OBSERVATION BEDS (NON							
071	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	14,795		2,386		8,946		347,589
093	SPEC PURPOSE COST CEN							
093	HOSPICE	13		4		2,202		
095	SUBTOTALS	236,818	752,373	154,285	237,463	109,100	535,918	4,132,146
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE	2,419						
100	PHYSICIANS' PRIVATE O	20,619		1,000				63,862
100	OTHER NON-REIMBURSABL							13,078
100	01 RESPITE	1,329		625				
100	02 LIFELINE							
100	03 OUTREACH							
100	04 ENT							
100	05 GASTRO CLINIC							
100	09 SENIOR SERVICES	617				515		1,489
100	11 GUEST MEALS				4,905			
100	12 OTHER	6,074						
100	13 RURAL OUTREACH							2,590
100	16 WYNDREST NURSING HOME		137,035		90,451			103,085
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,953,045	635,931	1,271,352	3,054,213	711,472	1,740,734	405,305
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.715005		9.176799		3.248135	
105	(WRKSHT B, PT I)	7.290855		8.154397		6.490645		.093902
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	16,264	39,440	43,605	203,524	46,876	40,184	73,698
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.044344		.611516		.074982	
	(WRKSHT B, PT III)	.060715		.279681		.427642		.017075

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	MEDICAL REC'D DS & LIBRARY	SOCIAL SERVIC E	(GROSS ARGES	CH(TIME) SPENT)
	17	18			
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD					
003 02 NEW CAP SOUTH 1970 BU					
003 03 NEW CAP BLUFF BUILDIN					
004 NEW CAP REL COSTS-RAD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 02 INFORMATION SYSTEMS					
006 03 PURCHASING, RECEIVING					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
017 MEDICAL RECORDS & LIB	167,042,272				
018 SOCIAL SERVICE		725,406			
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS	20,181,225				
031 INTENSIVE CARE UNIT	3,076,853				
031 01 SUBPROVIDER	1,792,108				
033 ACUTE REHAB UNIT	1,729,610				
034 NURSERY	1,282,536				
037 SKILLED NURSING FACIL	13,656,244				
039 ANCILLARY SRVC COST C					
041 OPERATING ROOM	19,479,285				
044 DELIVERY ROOM & LABOR	1,355,679	13,325			
049 RADIOLOGY-DIAGNOSTIC	22,327,958				
050 LABORATORY	20,848,879				
052 RESPIRATORY THERAPY	3,108,543				
053 PHYSICAL THERAPY	2,840,100				
055 SPEECH PATHOLOGY	274,787				
056 ELECTROCARDIOLOGY	5,915,700				
057 MEDICAL SUPPLIES CHAR	130,491				
059 DRUGS CHARGED TO PATI	22,579,553				
061 RENAL DIALYSIS	3,571,603	674,132			
062 SPECIAL PROCEDURES	15,477,715	1			
071 02 PARTIAL HOSPITALIZATI		580			
071 OUTPAT SERVICE COST C					
071 EMERGENCY	7,413,403	37,368			
071 OBSERVATION BEDS (NON					
071 OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY					
071 SPEC PURPOSE COST CEN					
093 HOSPICE					
095 SUBTOTALS	167,042,272	725,406			
096 NONREIMBURS COST CENT					
098 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE O					
100 OTHER NON-REIMBURSABL					
100 01 RESPITE					
100 02 LIFELINE					
100 03 OUTREACH					
100 04 ENT					
100 05 GASTRO CLINIC					
100 09 SENIOR SERVICES					
100 11 GUEST MEALS					
100 12 OTHER					
100 13 RURAL OUTREACH					
100 16 WYNDREST NURSING HOME					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,574,088	719,488			
104 (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		.991842			
105 (WRKSHT B, PT I)	.009423				
105 COST TO BE ALLOCATED					
106 (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
107 (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	94,912	46,490			
108 (PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.064088			
108 (WRKSHT B, PT III)	.000568				

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	13,777,201		13,777,201		13,777,201
31	INTENSIVE CARE UNIT	1,879,665		1,879,665		1,879,665
31	SUBPROVIDER	1,721,727		1,721,727	31,673	1,753,400
31	01 ACUTE REHAB UNIT	1,509,814		1,509,814		1,509,814
33	NURSERY	776,697		776,697		776,697
34	SKILLED NURSING FACILITY	5,777,169		5,777,169	1,134	5,778,303
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,764,105		6,764,105	22,240	6,786,345
39	DELIVERY ROOM & LABOR ROO	655,471		655,471		655,471
41	RADIOLOGY-DIAGNOSTIC	5,973,734		5,973,734		5,973,734
44	LABORATORY	4,845,856		4,845,856	4,892	4,850,748
49	RESPIRATORY THERAPY	1,635,313		1,635,313		1,635,313
50	PHYSICAL THERAPY	1,952,987		1,952,987		1,952,987
52	SPEECH PATHOLOGY	184,360		184,360		184,360
53	ELECTROCARDIOLOGY	1,165,582		1,165,582		1,165,582
55	MEDICAL SUPPLIES CHARGED	2,506		2,506		2,506
56	DRUGS CHARGED TO PATIENTS	5,785,979		5,785,979		5,785,979
57	RENAL DIALYSIS	2,240,216		2,240,216	1,500	2,241,716
59	SPECIAL PROCEDURES	3,874,642		3,874,642	27,337	3,901,979
59	02 PARTIAL HOSPITALIZATION	12,568		12,568		12,568
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,207,170		3,207,170	15,779	3,222,949
62	OBSERVATION BEDS (NON-DIS	272,811		272,811		272,811
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	64,015,573		64,015,573	104,555	64,120,128
102	LESS OBSERVATION BEDS	272,811		272,811		272,811
103	TOTAL	63,742,762		63,742,762	104,555	63,847,317

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	19,885,329		19,885,329			
31	INTENSIVE CARE UNIT	2,975,634		2,975,634			
31	SUBPROVIDER	1,781,129		1,781,129			
31	01 ACUTE REHAB UNIT	1,729,610		1,729,610			
33	NURSERY	1,271,412		1,271,412			
34	SKILLED NURSING FACILITY	10,229,713		10,229,713			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,494,558	9,552,768	19,047,326	.355121	.355121	.356289
39	DELIVERY ROOM & LABOR ROO	1,000,852	254,151	1,255,003	.522286	.522286	.522286
41	RADIOLOGY-DIAGNOSTIC	8,657,555	13,251,110	21,908,665	.272665	.272665	.272665
44	LABORATORY	12,379,353	8,404,262	20,783,615	.233158	.233158	.233393
49	RESPIRATORY THERAPY	2,901,743	165,622	3,067,365	.533133	.533133	.533133
50	PHYSICAL THERAPY	3,392,719	797,974	4,190,693	.466030	.466030	.466030
52	SPEECH PATHOLOGY	286,461	42,816	329,277	.559893	.559893	.559893
53	ELECTROCARDIOLOGY	3,908,423	1,880,184	5,788,607	.201358	.201358	.201358
55	MEDICAL SUPPLIES CHARGED	76,257		76,257	.032863	.032863	.032863
56	DRUGS CHARGED TO PATIENTS	17,230,855	6,600,687	23,831,542	.242787	.242787	.242787
57	RENAL DIALYSIS	117,890	3,453,713	3,571,603	.627230	.627230	.627650
59	SPECIAL PROCEDURES	7,570,800	7,772,852	15,343,652	.252524	.252524	.254306
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,395,346	4,948,646	7,343,992	.436707	.436707	.438855
62	OBSERVATION BEDS (NON-DIS		162,660	162,660	1.677186	1.677186	1.677186
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	107,285,639	57,287,445	164,573,084			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,285,639	57,287,445	164,573,084			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET C
I	I TO 6/30/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	13,777,201		13,777,201		13,777,201
31	INTENSIVE CARE UNIT	1,879,665		1,879,665		1,879,665
31	SUBPROVIDER	1,721,727		1,721,727	31,673	1,753,400
31	01 ACUTE REHAB UNIT	1,509,814		1,509,814		1,509,814
33	NURSERY	776,697		776,697		776,697
34	SKILLED NURSING FACILITY	5,777,169		5,777,169	1,134	5,778,303
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,764,105		6,764,105	22,240	6,786,345
39	DELIVERY ROOM & LABOR ROO	655,471		655,471		655,471
41	RADIOLOGY-DIAGNOSTIC	5,973,734		5,973,734		5,973,734
44	LABORATORY	4,845,856		4,845,856	4,892	4,850,748
49	RESPIRATORY THERAPY	1,635,313		1,635,313		1,635,313
50	PHYSICAL THERAPY	1,952,987		1,952,987		1,952,987
52	SPEECH PATHOLOGY	184,360		184,360		184,360
53	ELECTROCARDIOLOGY	1,165,582		1,165,582		1,165,582
55	MEDICAL SUPPLIES CHARGED	2,506		2,506		2,506
56	DRUGS CHARGED TO PATIENTS	5,785,979		5,785,979		5,785,979
57	RENAL DIALYSIS	2,240,216		2,240,216	1,500	2,241,716
59	SPECIAL PROCEDURES	3,874,642		3,874,642	27,337	3,901,979
59	02 PARTIAL HOSPITALIZATION	12,568		12,568		12,568
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,207,170		3,207,170	15,779	3,222,949
62	OBSERVATION BEDS (NON-DIS	272,811		272,811		272,811
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	64,015,573		64,015,573	104,555	64,120,128
102	LESS OBSERVATION BEDS	272,811		272,811		272,811
103	TOTAL	63,742,762		63,742,762	104,555	63,847,317

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET C
I	I TO 6/30/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	19,885,329		19,885,329			
31	INTENSIVE CARE UNIT	2,975,634		2,975,634			
31	SUBPROVIDER	1,781,129		1,781,129			
31 01	ACUTE REHAB UNIT	1,729,610		1,729,610			
33	NURSERY	1,271,412		1,271,412			
34	SKILLED NURSING FACILITY	10,229,713		10,229,713			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,494,558	9,552,768	19,047,326	.355121	.355121	.356289
39	DELIVERY ROOM & LABOR ROO	1,000,852	254,151	1,255,003	.522286	.522286	.522286
41	RADIOLOGY-DIAGNOSTIC	8,657,555	13,251,110	21,908,665	.272665	.272665	.272665
44	LABORATORY	12,379,353	8,404,262	20,783,615	.233158	.233158	.233393
49	RESPIRATORY THERAPY	2,901,743	165,622	3,067,365	.533133	.533133	.533133
50	PHYSICAL THERAPY	3,392,719	797,974	4,190,693	.466030	.466030	.466030
52	SPEECH PATHOLOGY	286,461	42,816	329,277	.559893	.559893	.559893
53	ELECTROCARDIOLOGY	3,908,423	1,880,184	5,788,607	.201358	.201358	.201358
55	MEDICAL SUPPLIES CHARGED	76,257		76,257	.032863	.032863	.032863
56	DRUGS CHARGED TO PATIENTS	17,230,855	6,600,687	23,831,542	.242787	.242787	.242787
57	RENAL DIALYSIS	117,890	3,453,713	3,571,603	.627230	.627230	.627650
59	SPECIAL PROCEDURES	7,570,800	7,772,852	15,343,652	.252524	.252524	.254306
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,395,346	4,948,646	7,343,992	.436707	.436707	.438855
62	OBSERVATION BEDS (NON-DIS		162,660	162,660	1.677186	1.677186	1.677186
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	107,285,639	57,287,445	164,573,084			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,285,639	57,287,445	164,573,084			

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,764,105	423,397	6,340,708			6,764,105
39	DELIVERY ROOM & LABOR ROO	655,471	73,340	582,131			655,471
41	RADIOLOGY-DIAGNOSTIC	5,973,734	479,470	5,494,264			5,973,734
44	LABORATORY	4,845,856	203,614	4,642,242			4,845,856
49	RESPIRATORY THERAPY	1,635,313	72,597	1,562,716			1,635,313
50	PHYSICAL THERAPY	1,952,987	104,092	1,848,895			1,952,987
52	SPEECH PATHOLOGY	184,360	3,835	180,525			184,360
53	ELECTROCARDIOLOGY	1,165,582	265,186	900,396			1,165,582
55	MEDICAL SUPPLIES CHARGED	2,506	130	2,376			2,506
56	DRUGS CHARGED TO PATIENTS	5,785,979	137,354	5,648,625			5,785,979
57	RENAL DIALYSIS	2,240,216	95,387	2,144,829			2,240,216
59	SPECIAL PROCEDURES	3,874,642	197,795	3,676,847			3,874,642
59 02	PARTIAL HOSPITALIZATION	12,568	448	12,120			12,568
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,207,170	231,763	2,975,407			3,207,170
62	OBSERVATION BEDS (NON-DIS	272,811	22,958	249,853			272,811
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,573,300	2,311,366	36,261,934			38,573,300
102	LESS OBSERVATION BEDS	272,811	22,958	249,853			272,811
103	TOTAL	38,300,489	2,288,408	36,012,081			38,300,489

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET C
 I TO 6/30/2008 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	19,047,326	.355121	.355121
39	DELIVERY ROOM & LABOR ROO	1,255,003	.522286	.522286
41	RADIOLOGY-DIAGNOSTIC	21,908,665	.272665	.272665
44	LABORATORY	20,783,615	.233158	.233158
49	RESPIRATORY THERAPY	3,067,365	.533133	.533133
50	PHYSICAL THERAPY	4,190,693	.466030	.466030
52	SPEECH PATHOLOGY	329,277	.559893	.559893
53	ELECTROCARDIOLOGY	5,788,607	.201358	.201358
55	MEDICAL SUPPLIES CHARGED	76,257	.032863	.032863
56	DRUGS CHARGED TO PATIENTS	23,831,542	.242787	.242787
57	RENAL DIALYSIS	3,571,603	.627230	.627230
59	SPECIAL PROCEDURES	15,343,652	.252524	.252524
59	02 PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,343,992	.436707	.436707
62	OBSERVATION BEDS (NON-DIS	162,660	1.677186	1.677186
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	126,700,257		
102	LESS OBSERVATION BEDS	162,660		
103	TOTAL	126,537,597		

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,764,105	423,397	6,340,708			6,764,105
39	DELIVERY ROOM & LABOR ROO	655,471	73,340	582,131			655,471
41	RADIOLOGY-DIAGNOSTIC	5,973,734	479,470	5,494,264			5,973,734
44	LABORATORY	4,845,856	203,614	4,642,242			4,845,856
49	RESPIRATORY THERAPY	1,635,313	72,597	1,562,716			1,635,313
50	PHYSICAL THERAPY	1,952,987	104,092	1,848,895			1,952,987
52	SPEECH PATHOLOGY	184,360	3,835	180,525			184,360
53	ELECTROCARDIOLOGY	1,165,582	265,186	900,396			1,165,582
55	MEDICAL SUPPLIES CHARGED	2,506	130	2,376			2,506
56	DRUGS CHARGED TO PATIENTS	5,785,979	137,354	5,648,625			5,785,979
57	RENAL DIALYSIS	2,240,216	95,387	2,144,829			2,240,216
59	SPECIAL PROCEDURES	3,874,642	197,795	3,676,847			3,874,642
59 02	PARTIAL HOSPITALIZATION	12,568	448	12,120			12,568
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,207,170	231,763	2,975,407			3,207,170
62	OBSERVATION BEDS (NON-DIS	272,811	22,958	249,853			272,811
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,573,300	2,311,366	36,261,934			38,573,300
102	LESS OBSERVATION BEDS	272,811	22,958	249,853			272,811
103	TOTAL	38,300,489	2,288,408	36,012,081			38,300,489

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 16-0080
 I
 **NOT A CMS WORKSHEET ** (09/2000)
 I PERIOD: 7/ 1/2007 I PREPARED 1/16/2009
 I FROM 6/30/2008 I WORKSHEET C
 I TO I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	19,047,326	.355121	.355121
39	DELIVERY ROOM & LABOR ROO	1,255,003	.522286	.522286
41	RADIOLOGY-DIAGNOSTIC	21,908,665	.272665	.272665
44	LABORATORY	20,783,615	.233158	.233158
49	RESPIRATORY THERAPY	3,067,365	.533133	.533133
50	PHYSICAL THERAPY	4,190,693	.466030	.466030
52	SPEECH PATHOLOGY	329,277	.559893	.559893
53	ELECTROCARDIOLOGY	5,788,607	.201358	.201358
55	MEDICAL SUPPLIES CHARGED	76,257	.032863	.032863
56	DRUGS CHARGED TO PATIENTS	23,831,542	.242787	.242787
57	RENAL DIALYSIS	3,571,603	.627230	.627230
59	SPECIAL PROCEDURES	15,343,652	.252524	.252524
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,343,992	.436707	.436707
62	OBSERVATION BEDS (NON-DIS	162,660	1.677186	1.677186
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	126,700,257		
102	LESS OBSERVATION BEDS	162,660		
103	TOTAL	126,537,597		

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL	OLD CAPITAL	REDUCED CAP	CAPITAL REL	NEW CAPITAL	REDUCED CAP
LINE NO.		COST (B, II)	SWING BED	RELATED COST	COST (B, III)	SWING BED	RELATED COST
		1	ADJUSTMENT	3	4	ADJUSTMENT	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,159,414		1,159,414
31	INTENSIVE CARE UNIT				126,884		126,884
31	SUBPROVIDER				125,194		125,194
31	01 ACUTE REHAB UNIT				77,543		77,543
33	NURSERY				31,127		31,127
101	TOTAL				1,520,162		1,520,162

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I
 PPS

TITLE XVIII, PART A

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,160	12,570			54.79	688,710
26	INTENSIVE CARE UNIT	1,466	1,009			86.55	87,329
31	SUBPROVIDER	2,282	757			54.86	41,529
31 01	ACUTE REHAB UNIT	1,646	1,173			47.11	55,260
33	NURSERY	1,279				24.34	
101	TOTAL	27,833	15,509				872,828

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II	
I	16-0080	I		I		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	CST/CHRG	OLD CAPITAL RATIO	COSTS
LINE NO.		1	2	3	4	5		6
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM		423,397	19,047,326	9,005,270			
39	DELIVERY ROOM & LABOR ROO		73,340	1,255,003				
41	RADIOLOGY-DIAGNOSTIC		479,470	21,908,665	5,044,491			
44	LABORATORY		203,614	20,783,615	8,349,819			
49	RESPIRATORY THERAPY		72,597	3,067,365	1,431,157			
50	PHYSICAL THERAPY		104,092	4,190,693	886,636			
52	SPEECH PATHOLOGY		3,835	329,277	102,072			
53	ELECTROCARDIOLOGY		265,186	5,788,607	740,283			
55	MEDICAL SUPPLIES CHARGED		130	76,257				
56	DRUGS CHARGED TO PATIENTS		137,354	23,831,542	9,232,592			
57	RENAL DIALYSIS		95,387	3,571,603	88,130			
59	SPECIAL PROCEDURES		197,795	15,343,652	3,377,877			
59 02	PARTIAL HOSPITALIZATION		448					
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY		231,763	7,343,992	1,325,247			
62	OBSERVATION BEDS (NON-DIS		22,958	162,660				
	OTHER REIMBURS COST CNTRS							
101	TOTAL		2,311,366	126,700,257	39,583,574			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II
I	16-0080	I		I	

PPS

TITLE XVIII, PART A

HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.022229	200,178
39	DELIVERY ROOM & LABOR ROO	.058438	
41	RADIOLOGY-DIAGNOSTIC	.021885	110,399
44	LABORATORY	.009797	81,803
49	RESPIRATORY THERAPY	.023668	33,873
50	PHYSICAL THERAPY	.024839	22,023
52	SPEECH PATHOLOGY	.011647	1,189
53	ELECTROCARDIOLOGY	.045812	33,914
55	MEDICAL SUPPLIES CHARGED	.001705	
56	DRUGS CHARGED TO PATIENTS	.005764	53,217
57	RENAL DIALYSIS	.026707	2,354
59	SPECIAL PROCEDURES	.012891	43,544
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.031558	41,822
62	OBSERVATION BEDS (NON-DIS	.141141	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		624,316

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART III
PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					21,160	
26	ADULTS & PEDIATRICS					1,466	
31	INTENSIVE CARE UNIT					2,282	
31	SUBPROVIDER					1,646	
31 01	ACUTE REHAB UNIT					1,279	
33	NURSERY					22,244	
34	SKILLED NURSING FACILITY					50,077	
101	TOTAL						

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,570	
26	INTENSIVE CARE UNIT	1,009	
31	SUBPROVIDER	757	
31 01	ACUTE REHAB UNIT	1,173	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,723	
101	TOTAL	20,232	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-0080 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	SPECIAL PROCEDURES					
59 02	PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-0080 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			19,047,326			9,005,270	
39	DELIVERY ROOM & LABOR ROO			1,255,003				
41	RADIOLOGY-DIAGNOSTIC			21,908,665			5,044,491	
44	LABORATORY			20,783,615			8,349,819	
49	RESPIRATORY THERAPY			3,067,365			1,431,157	
50	PHYSICAL THERAPY			4,190,693			886,636	
52	SPEECH PATHOLOGY			329,277			102,072	
53	ELECTROCARDIOLOGY			5,788,607			740,283	
55	MEDICAL SUPPLIES CHARGED			76,257				
56	DRUGS CHARGED TO PATIENTS			23,831,542			9,232,592	
57	RENAL DIALYSIS			3,571,603			88,130	
59	SPECIAL PROCEDURES			15,343,652			3,377,877	
59 02	PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,343,992			1,325,247	
62	OBSERVATION BEDS (NON-DIS			162,660				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			126,700,257			39,583,574	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-0080 I

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02		
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5		
		8	8.01	8.02	9	9.01	9.02		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	5,609,334							
39	DELIVERY ROOM & LABOR ROO								
41	RADIOLOGY-DIAGNOSTIC	5,010,616							
44	LABORATORY	766,140							
49	RESPIRATORY THERAPY	73,454							
50	PHYSICAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY	382,313							
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS	491,897							
57	RENAL DIALYSIS	1,633,063							
59	SPECIAL PROCEDURES	1,899,442							
59 02	PARTIAL HOSPITALIZATION								
	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY	1,060,626							
62	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
101	TOTAL	16,926,885							

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.355121	.355121			
39	DELIVERY ROOM & LABOR ROOM	.522286	.522286			
41	RADIOLOGY-DIAGNOSTIC	.272665	.272665			
44	LABORATORY	.233158	.233158			
49	RESPIRATORY THERAPY	.533133	.533133			
50	PHYSICAL THERAPY	.466030	.466030			
52	SPEECH PATHOLOGY	.559893	.559893			
53	ELECTROCARDIOLOGY	.201358	.201358			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.032863	.032863			
56	DRUGS CHARGED TO PATIENTS	.242787	.242787			
57	RENAL DIALYSIS	.627230	.627230			
59	SPECIAL PROCEDURES	.252524	.252524			
59	02 PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.436707	.436707			
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.677186	1.677186			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 6/30/2008	I	PART V	
I	16-0080	I		I		

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6	
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM		5,609,334				
39 DELIVERY ROOM & LABOR ROOM						
41 RADIOLOGY-DIAGNOSTIC		5,010,616				
44 LABORATORY		766,140				
49 RESPIRATORY THERAPY		73,454				
50 PHYSICAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY		382,313				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS						
56 DRUGS CHARGED TO PATIENTS		491,897	7,952			
57 RENAL DIALYSIS		1,633,063				
59 SPECIAL PROCEDURES		1,899,442				
59 02 PARTIAL HOSPITALIZATION						
OUTPAT SERVICE COST CNTRS						
61 EMERGENCY		1,060,626				
62 OBSERVATION BEDS (NON-DISTINCT PART)						
101 SUBTOTAL		16,926,885	7,952			
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES						
104 NET CHARGES		16,926,885	7,952			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 6/30/2008	I	PART V	
I	16-0080	I		I		

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,991,992	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,366,220	
44 LABORATORY				178,632	
49 RESPIRATORY THERAPY				39,161	
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				76,982	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				119,426	1,931
57 RENAL DIALYSIS				1,024,306	
59 SPECIAL PROCEDURES				479,655	
59 02 PARTIAL HOSPITALIZATION					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				463,183	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				5,739,557	1,931
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				5,739,557	1,931

Health Financial Systems	MCRIF32	FOR MERCY MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(05/2004) CONTD		
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS			I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
			I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D
			I COMPONENT NO:	I TO 6/30/2008	I PART V
			I 16-0080	I	I
TITLE XVIII, PART B		HOSPITAL			
		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs	
	Cost Center Description	9.03	10	11	
(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM				
39	DELIVERY ROOM & LABOR ROOM				
41	RADIOLOGY-DIAGNOSTIC				
44	LABORATORY				
49	RESPIRATORY THERAPY				
50	PHYSICAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS				
57	RENAL DIALYSIS				
59	SPECIAL PROCEDURES				
59 02	PARTIAL HOSPITALIZATION				
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART)				
101	SUBTOTAL				
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS-				
	PROGRAM ONLY CHARGES				
104	NET CHARGES				

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 6/30/2008 I PART VI
I 16-0080 I

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.242787
3	PROGRAM COSTS	27,537
		6,686

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-S080 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	CST/CHRG RATIO	OLD CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		423,397	19,047,326			
39	DELIVERY ROOM & LABOR ROO		73,340	1,255,003			
41	RADIOLOGY-DIAGNOSTIC		479,470	21,908,665	20,847		
44	LABORATORY		203,614	20,783,615	86,461		
49	RESPIRATORY THERAPY		72,597	3,067,365	3,611		
50	PHYSICAL THERAPY		104,092	4,190,693	1,701		
52	SPEECH PATHOLOGY		3,835	329,277			
53	ELECTROCARDIOLOGY		265,186	5,788,607	5,317		
55	MEDICAL SUPPLIES CHARGED		130	76,257			
56	DRUGS CHARGED TO PATIENTS		137,354	23,831,542	154,512		
57	RENAL DIALYSIS		95,387	3,571,603	2,570		
59	SPECIAL PROCEDURES		197,795	15,343,652	8,849		
59 02	PARTIAL HOSPITALIZATION		448				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		231,763	7,343,992	30,770		
62	OBSERVATION BEDS (NON-DIS		22,958	162,660			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,311,366	126,700,257	314,638		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-S080 I
 TEFRA

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.022229	
39	DELIVERY ROOM & LABOR ROO	.058438	
41	RADIOLOGY-DIAGNOSTIC	.021885	456
44	LABORATORY	.009797	847
49	RESPIRATORY THERAPY	.023668	85
50	PHYSICAL THERAPY	.024839	42
52	SPEECH PATHOLOGY	.011647	
53	ELECTROCARDIOLOGY	.045812	244
55	MEDICAL SUPPLIES CHARGED	.001705	
56	DRUGS CHARGED TO PATIENTS	.005764	891
57	RENAL DIALYSIS	.026707	69
59	SPECIAL PROCEDURES	.012891	114
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.031558	971
62	OBSERVATION BEDS (NON-DIS	.141141	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,719

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-S080 I I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	SPECIAL PROCEDURES					
59 02	PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-S080 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			19,047,326				
39	DELIVERY ROOM & LABOR ROO			1,255,003				
41	RADIOLOGY-DIAGNOSTIC			21,908,665			20,847	
44	LABORATORY			20,783,615			86,461	
49	RESPIRATORY THERAPY			3,067,365			3,611	
50	PHYSICAL THERAPY			4,190,693			1,701	
52	SPEECH PATHOLOGY			329,277				
53	ELECTROCARDIOLOGY			5,788,607			5,317	
55	MEDICAL SUPPLIES CHARGED			76,257				
56	DRUGS CHARGED TO PATIENTS			23,831,542			154,512	
57	RENAL DIALYSIS			3,571,603			2,570	
59	SPECIAL PROCEDURES			15,343,652			8,849	
59 02	PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,343,992			30,770	
62	OBSERVATION BEDS (NON-DIS			162,660				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			126,700,257			314,638	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-S080 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM						
41	DELIVERY ROOM & LABOR ROO						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
52	PHYSICAL THERAPY						
53	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
59	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
02	PARTIAL HOSPITALIZATION						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-T080 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		423,397	19,047,326			
39	DELIVERY ROOM & LABOR ROO		73,340	1,255,003			
41	RADIOLOGY-DIAGNOSTIC		479,470	21,908,665	21,200		
44	LABORATORY		203,614	20,783,615	90,408		
49	RESPIRATORY THERAPY		72,597	3,067,365	21,985		
50	PHYSICAL THERAPY		104,092	4,190,693	562,909		
52	SPEECH PATHOLOGY		3,835	329,277	67,527		
53	ELECTROCARDIOLOGY		265,186	5,788,607	2,200		
55	MEDICAL SUPPLIES CHARGED		130	76,257	2,210		
56	DRUGS CHARGED TO PATIENTS		137,354	23,831,542	240,896		
57	RENAL DIALYSIS		95,387	3,571,603	1,324		
59	SPECIAL PROCEDURES		197,795	15,343,652	5,309		
59 02	PARTIAL HOSPITALIZATION		448				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		231,763	7,343,992	1,810		
62	OBSERVATION BEDS (NON-DIS		22,958	162,660			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,311,366	126,700,257	1,017,778		

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 6/30/2008	I PART II
I 16-T080	I	I
	PPS	

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.022229	
39	DELIVERY ROOM & LABOR ROO	.058438	
41	RADIOLOGY-DIAGNOSTIC	.021885	464
44	LABORATORY	.009797	886
49	RESPIRATORY THERAPY	.023668	520
50	PHYSICAL THERAPY	.024839	13,982
52	SPEECH PATHOLOGY	.011647	786
53	ELECTROCARDIOLOGY	.045812	101
55	MEDICAL SUPPLIES CHARGED	.001705	4
56	DRUGS CHARGED TO PATIENTS	.005764	1,389
57	RENAL DIALYSIS	.026707	35
59	SPECIAL PROCEDURES	.012891	68
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.031558	57
62	OBSERVATION BEDS (NON-DIS	.141141	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		18,292

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-T080 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	SPECIAL PROCEDURES					
59 02	PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-T080 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST	O/P RATIO OF	INPAT PROG	INPAT PROG
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES	CST TO CHARGES	CHARGE	PASS THRU COST
		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			19,047,326				
39	DELIVERY ROOM & LABOR ROO			1,255,003				
41	RADIOLOGY-DIAGNOSTIC			21,908,665			21,200	
44	LABORATORY			20,783,615			90,408	
49	RESPIRATORY THERAPY			3,067,365			21,985	
50	PHYSICAL THERAPY			4,190,693			562,909	
52	SPEECH PATHOLOGY			329,277			67,527	
53	ELECTROCARDIOLOGY			5,788,607			2,200	
55	MEDICAL SUPPLIES CHARGED			76,257			2,210	
56	DRUGS CHARGED TO PATIENTS			23,831,542			240,896	
57	RENAL DIALYSIS			3,571,603			1,324	
59	SPECIAL PROCEDURES			15,343,652			5,309	
59 02	PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,343,992			1,810	
62	OBSERVATION BEDS (NON-DIS			162,660				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			126,700,257			1,017,778	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-T080 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II
I	16-5119	I		I	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 6/30/2008 I PART II
I 16-5119 I
PPS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	SPECIAL PROCEDURES	
59 02	PARTIAL HOSPITALIZATION	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-5119 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	SPECIAL PROCEDURES					
59 02	PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 OTHER PASS THROUGH COSTS I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-5119 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			19,047,326				
39	DELIVERY ROOM & LABOR ROO			1,255,003				
41	RADIOLOGY-DIAGNOSTIC			21,908,665			39,526	
44	LABORATORY			20,783,615			282,964	
49	RESPIRATORY THERAPY			3,067,365			281	
50	PHYSICAL THERAPY			4,190,693			1,037,424	
52	SPEECH PATHOLOGY			329,277			54,043	
53	ELECTROCARDIOLOGY			5,788,607			990	
55	MEDICAL SUPPLIES CHARGED			76,257				
56	DRUGS CHARGED TO PATIENTS			23,831,542			1,093,633	
57	RENAL DIALYSIS			3,571,603			2,784	
59	SPECIAL PROCEDURES			15,343,652				
59	02 PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,343,992				
62	OBSERVATION BEDS (NON-DIS			162,660				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			126,700,257			2,511,645	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 16-5119 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2008	I PART I
I 16-0080	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,160
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,160
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,160
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,570
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,777,201
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13,777,201

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,181,225
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,181,225
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.682674
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	953.74
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	13,777,201

TITLE XVIII PART A HOSPITAL PPS
PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	651.10
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,184,327
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,184,327

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	1,879,665	1,466	1,282.17	1,009	1,293,710
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
					11,652,604
49	TOTAL PROGRAM INPATIENT COSTS				
					21,130,641

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	776,039
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	624,316
52	TOTAL PROGRAM EXCLUDABLE COST	1,400,355
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	19,730,286

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2008	I PART III
I 16-0080	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	419
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	651.10
85	OBSERVATION BED COST	272,811

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		13,777,201		272,811	
87 NEW CAPITAL-RELATED COST	1,159,414	13,777,201	.084155	272,811	22,958
88 NON PHYSICIAN ANESTHETIST		13,777,201		272,811	
89 MEDICAL EDUCATION		13,777,201		272,811	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2008	I PART I
I 16-S080	I	I

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,282
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,282
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,282
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	757
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,721,727
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,721,727

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,792,108
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,792,108
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.960727
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	785.32
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,721,727

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D-1
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I	16-S080	I		I	

TEFRA

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	754.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	571,141
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	571,141

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					84,430
					655,571

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	41,529
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3,719
52	TOTAL PROGRAM EXCLUDABLE COST	45,248
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	610,323

54	PROGRAM DISCHARGES	119
55	TARGET AMOUNT PER DISCHARGE	6,484.89
56	TARGET AMOUNT	771,702
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	161,379
58	BONUS PAYMENT	15,434
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	671,005
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM	7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	6/30/2008	I	PART III
I	16-S080	I			I	

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	754.48
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		1,721,727			
87 NEW CAPITAL-RELATED COST	125,194	1,721,727	.072714		
88 NON PHYSICIAN ANESTHETIST		1,721,727			
89 MEDICAL EDUCATION		1,721,727			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2008	I PART I
I 16-T080	I	I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,646
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,646
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,646
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,173
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,509,814
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,509,814

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,729,610
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,729,610
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.872922
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,050.80
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	1,509,814
	COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 6/30/2008	I	PART II	
I	16-T080	I		I		

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	917.26
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,075,946
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,075,946

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				400,719
49	TOTAL PROGRAM INPATIENT COSTS				1,476,665

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	55,260
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	18,292
52	TOTAL PROGRAM EXCLUDABLE COST	73,552
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,403,113

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III	
I	16-T080	I		I		

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	917.26
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		1,509,814			
87 NEW CAPITAL-RELATED COST	77,543	1,509,814	.051359		
88 NON PHYSICIAN ANESTHETIST		1,509,814			
89 MEDICAL EDUCATION		1,509,814			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED	1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET	D-1
I COMPONENT NO:	I TO 6/30/2008	I PART	I
I 16-5119	I	I	

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	22,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,244
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,723
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,778,303
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,778,303

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,231,267
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,231,267
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.564769
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	459.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,778,303

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	16-5119	I		I	

TITLE XVIII PART A

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	5,778,303
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	259.77
68	PROGRAM ROUTINE SERVICE COST	1,226,894
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,226,894
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	310,480
72	PER DIEM CAPITAL-RELATED COSTS	13.96
73	PROGRAM CAPITAL-RELATED COSTS	65,933
74	INPATIENT ROUTINE SERVICE COST	1,160,961
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,160,961
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,226,894
80	PROGRAM INPATIENT ANCILLARY SERVICES	858,096
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,084,990

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2008	I PART I
I 16-5119	I	I

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	22,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,244
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	13,799
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
	DECEMBER 31 OF THE COST REPORTING PERIOD
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
	DECEMBER 31 OF THE COST REPORTING PERIOD
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
	DECEMBER 31 OF THE COST REPORTING PERIOD
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
	DECEMBER 31 OF THE COST REPORTING PERIOD
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
	REPORTING PERIOD
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
	REPORTING PERIOD
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
	REPORTING PERIOD
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
	REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM
	COST DIFFERENTIAL

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART	III
I	16-5119	I		I		

TITLE XIX - I/P

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	310,480
72	PER DIEM CAPITAL-RELATED COSTS	13.96
73	PROGRAM CAPITAL-RELATED COSTS	192,634
74	INPATIENT ROUTINE SERVICE COST	-192,634
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-192,634
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2008	I	
I	16-0080	I		I	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		12,265,645	
31	INTENSIVE CARE UNIT		2,000,205	
31	SUBPROVIDER			
31 01	ACUTE REHAB UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356289	9,005,270	3,208,479
39	DELIVERY ROOM & LABOR ROOM	.522286		
41	RADIOLOGY-DIAGNOSTIC	.272665	5,044,491	1,375,456
44	LABORATORY	.233393	8,349,819	1,948,789
49	RESPIRATORY THERAPY	.533133	1,431,157	762,997
50	PHYSICAL THERAPY	.466030	886,636	413,199
52	SPEECH PATHOLOGY	.559893	102,072	57,149
53	ELECTROCARDIOLOGY	.201358	740,283	149,062
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.032863		
56	DRUGS CHARGED TO PATIENTS	.242787	9,232,592	2,241,553
57	RENAL DIALYSIS	.627650	88,130	55,315
59	SPECIAL PROCEDURES	.254306	3,377,877	859,014
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.438855	1,325,247	581,591
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.677186		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		39,583,574	11,652,604
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		39,583,574	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-4
I COMPONENT NO:	I TO 6/30/2008	
I 16-S080	I	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		590,238	
31 01	ACUTE REHAB UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.355121		
39	DELIVERY ROOM & LABOR ROOM	.522286		
41	RADIOLOGY-DIAGNOSTIC	.272665	20,847	5,684
44	LABORATORY	.233158	86,461	20,159
49	RESPIRATORY THERAPY	.533133	3,611	1,925
50	PHYSICAL THERAPY	.466030	1,701	793
52	SPEECH PATHOLOGY	.559893		
53	ELECTROCARDIOLOGY	.201358	5,317	1,071
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.032863		
56	DRUGS CHARGED TO PATIENTS	.242787	154,512	37,514
57	RENAL DIALYSIS	.627230	2,570	1,612
59	SPECIAL PROCEDURES	.252524	8,849	2,235
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.436707	30,770	13,437
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.677186		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		314,638	84,430
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		314,638	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	16-0080	I	FROM 7/ 1/2007	I	1/16/2009
I	COMPONENT NO:	I	TO 6/30/2008	I	WORKSHEET D-4
I	16-T080	I		I	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	ACUTE REHAB UNIT		1,218,551	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356289		
39	DELIVERY ROOM & LABOR ROOM	.522286		
41	RADIOLOGY-DIAGNOSTIC	.272665	21,200	5,780
44	LABORATORY	.233393	90,408	21,101
49	RESPIRATORY THERAPY	.533133	21,985	11,721
50	PHYSICAL THERAPY	.466030	562,909	262,332
52	SPEECH PATHOLOGY	.559893	67,527	37,808
53	ELECTROCARDIOLOGY	.201358	2,200	443
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.032863	2,210	73
56	DRUGS CHARGED TO PATIENTS	.242787	240,896	58,486
57	RENAL DIALYSIS	.627650	1,324	831
59	SPECIAL PROCEDURES	.254306	5,309	1,350
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.438855	1,810	794
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.677186		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,017,778	400,719
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,017,778	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET D-4
I COMPONENT NO:	I TO 6/30/2008	
I 16-5119	I	I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	ACUTE REHAB UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.355121		
39	DELIVERY ROOM & LABOR ROOM	.522286		
41	RADIOLOGY-DIAGNOSTIC	.272665	39,526	10,777
44	LABORATORY	.233158	282,964	65,975
49	RESPIRATORY THERAPY	.533133	281	150
50	PHYSICAL THERAPY	.466030	1,037,424	483,471
52	SPEECH PATHOLOGY	.559893	54,043	30,258
53	ELECTROCARDIOLOGY	.201358	990	199
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.032863		
56	DRUGS CHARGED TO PATIENTS	.242787	1,093,633	265,520
57	RENAL DIALYSIS	.627230	2,784	1,746
59	SPECIAL PROCEDURES	.252524		
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.436707		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.677186		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,511,645	858,096
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,511,645	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 16-0080 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 15,447,273
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1
 AND BEFORE JANUARY 1
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH
 SEPTEMBER 30, 2001.
 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001
 THROUGH SEPTEMBER 30, 2001.
 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER 247,788
 OCTOBER 1, 1997 (SEE INSTRUCTIONS)
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 130.86

INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE
 MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE
 12/31/1996.
 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH
 MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS
 IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS
 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION
 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR
 AFTER 7/1/2005
 E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE
 CURRENT YEAR FROM YOUR RECORDS
 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER
 THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER
 THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE
 BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT
 YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE
 ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD
 BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF
 THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1,
 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19
 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1,
 BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT
 3.21 - 3.23 VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

DISPROPORTIONATE SHARE ADJUSTMENT

PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A 3.23
 PATIENT DAYS (SEE INSTRUCTIONS)
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED 17.38
 ON WORKSHEET S-3, PART I
 4.02 SUM OF LINES 4 AND 4.01 20.61
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 6.22
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 960,820

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING
 DISCHARGES FOR DRGs 302, 316, AND 317.
 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317
 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT
 QUALIFY FOR ADJUSTMENT)
 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316,
 AND 317.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 16-0080 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,655,881	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND	17,873,509	
MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND		
MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH	17,873,509	
ONLY (SEE INSTRUCTIONS)		
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,353,790	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	19,227,299	
17 PRIMARY PAYER PAYMENTS	3,581	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,223,718	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,992,202	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	22,440	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	93,293	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	65,305	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	17,274,381	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,274,381	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	16,029,960	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,244,421	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN		
ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 6/30/2008	I PART B
I 16-0080	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,617
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,739,557
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,956,439
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	8,617
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	35,489
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	35,489
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	35,489
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	26,872
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)	8,617
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,956,439
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,653
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,296,563
19	SUBTOTAL (SEE INSTRUCTIONS)	3,665,840
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,665,840
24	PRIMARY PAYER PAYMENTS	1,302
25	SUBTOTAL	3,664,538
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	6,426
27	BAD DEBTS (SEE INSTRUCTIONS)	29,778
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,845
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	3,691,809
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,691,809
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,666,488
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	25,321
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-0080 I I

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		15,983,210		3,666,488
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		46,750		NONE
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		16,029,960		3,666,488
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	16-0080	I	FROM 7/ 1/2007	I	1/16/2009
I	COMPONENT NO:	I	TO 6/30/2008	I	WORKSHEET E-1
I	16-S080	I		I	

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		501,909		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		NONE	NONE
4 TOTAL INTERIM PAYMENTS		501,909		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-T080 I

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,631,730		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,631,730		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .53				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-5119 I I

TITLE XVIII

SNF

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR
 ENTER A ZERO.
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
 ZERO. (1)

ADJUSTMENTS TO PROVIDER .01
 ADJUSTMENTS TO PROVIDER .02
 ADJUSTMENTS TO PROVIDER .03
 ADJUSTMENTS TO PROVIDER .04
 ADJUSTMENTS TO PROVIDER .05
 ADJUSTMENTS TO PROGRAM .50
 ADJUSTMENTS TO PROGRAM .51
 ADJUSTMENTS TO PROGRAM .52
 ADJUSTMENTS TO PROGRAM .53
 ADJUSTMENTS TO PROGRAM .54

SUBTOTAL

.99

NONE

NONE

4 TOTAL INTERIM PAYMENTS

1,624,828

TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER .01
 TENTATIVE TO PROVIDER .02
 TENTATIVE TO PROVIDER .03
 TENTATIVE TO PROGRAM .50
 TENTATIVE TO PROGRAM .51
 TENTATIVE TO PROGRAM .52

SUBTOTAL

.99

NONE

NONE

- 6 DETERMINED NET SETTLEMENT
 AMOUNT (BALANCE DUE)
 BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER .01
 SETTLEMENT TO PROGRAM .02

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I 1/16/2009
I COMPONENT NO:	I TO 6/30/2008	I WORKSHEET E-3
I 16-S080	I	I PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	671,005
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	167,751
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	432,396
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.234973
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/\text{LINE } 1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	432,396
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	469,704
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	352,278
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	600,147
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/\text{LINE } 1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	600,147
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	600,147
7	DEDUCTIBLES	82,377
8	SUBTOTAL	517,770
9	COINSURANCE	992
10	SUBTOTAL	516,778
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,904
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,333
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	518,111
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	518,111
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART	I
I	16-S080	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

19	INTERIM PAYMENTS	501,909
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	16,202
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART	I
I	16-T080	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,613,329
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0299
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	34,706
1.05	OUTLIER PAYMENTS	13,470
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,661,505
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.497268
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,661,505
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,661,505
7	DEDUCTIBLES	9,056
8	SUBTOTAL	1,652,449
9	COINSURANCE	
10	SUBTOTAL	1,652,449
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,652,449
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,652,449
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART	I
I	16-T080	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

19	INTERIM PAYMENTS	1,631,730
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	20,719
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2008	I PART III
I 16-5119	I	I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
10	SUBTOTAL		
11	COMPUTATION OF LESSER OF COST OR CHARGES		
12	REASONABLE CHARGES		
13	ROUTINE SERVICE CHARGES		
14	ANCILLARY SERVICE CHARGES		
15	INTERNS AND RESIDENTS SERVICE CHARGES		
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
17	TEACHING PHYSICIANS		
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
19	TOTAL REASONABLE CHARGES		
20	CUSTOMARY CHARGES		
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
22	PAYMENT FOR SERVICES ON A CHARGE BASIS		
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
26	RATIO OF LINE 17 TO LINE 18		
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
30	COST OF COVERED SERVICES		
31	PROSPECTIVE PAYMENT AMOUNT		
32	OTHER THAN OUTLIER PAYMENTS		1,765,060
33	OUTLIER PAYMENTS		
34	PROGRAM CAPITAL PAYMENTS		
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
38	SUBTOTAL		1,765,060
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		1,765,060
41	XVIII ENTER AMOUNT FROM LINE 30		
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
44	EXCESS OF REASONABLE COST		
45	SUBTOTAL		1,765,060
46	COINSURANCE		140,232
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,364
49.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
51.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
52.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		955
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
54	UTILIZATION REVIEW		
55	SUBTOTAL (SEE INSTRUCTIONS)		1,625,783
56	INPATIENT ROUTINE SERVICE COST		
57	MEDICARE INPATIENT ROUTINE CHARGES		
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
59	PAYMENT FOR SERVICES ON A CHARGE BASIS		
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
61	FOR PAYMENT OF PART A SERVICES		
62	RATIO OF LINE 43 TO 44		
63	TOTAL CUSTOMARY CHARGES		
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
68	OTHER ADJUSTMENTS (SPECIFY)		
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
71	SUBTOTAL		1,625,783
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,625,783
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
76	INTERIM PAYMENTS		1,624,828
77.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
78	BALANCE DUE PROVIDER/PROGRAM		955
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
80	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,252,282			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	21,888,657			
5 OTHER RECEIVABLES	396,367			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,702,055			
7 INVENTORY	1,458,798			
8 PREPAID EXPENSES	130,185			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	933,340			
11 TOTAL CURRENT ASSETS	14,357,574			
FIXED ASSETS				
12 LAND	512,212			
12.01				
13 LAND IMPROVEMENTS	2,021,504			
13.01 LESS ACCUMULATED DEPRECIATION	-1,431,383			
14 BUILDINGS	67,872,743			
14.01 LESS ACCUMULATED DEPRECIATION	-39,787,078			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	37,643,294			
18.01 LESS ACCUMULATED DEPRECIATION	-28,835,802			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	37,995,490			
OTHER ASSETS				
22 INVESTMENTS	52,836,244			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	52,836,244			
27 TOTAL ASSETS	105,189,308			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,293,899			
29 SALARIES, WAGES & FEES PAYABLE	6,031,394			
30 PAYROLL TAXES PAYABLE	59,172			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	460,070			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,060,411			
36 TOTAL CURRENT LIABILITIES	11,904,946			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	20,086,613			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	714,585			
42 TOTAL LONG-TERM LIABILITIES	20,801,198			
43 TOTAL LIABILITIES	32,706,144			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	72,483,164			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	72,483,164			
52 TOTAL LIABILITIES AND FUND BALANCES	105,189,308			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I 1/16/2009
I	I TO 6/30/2008	I WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		71,593,224		
2 NET INCOME (LOSS)		2,456,013		
3 TOTAL		74,049,237		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		74,049,237		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 OTH CHNG IN NA (NA RELEAS	1,566,073			
15				
16				
17				
18 TOTAL DEDUCTIONS		1,566,073		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		72,483,164		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 OTH CHNG IN NA (NA RELEAS				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	G-2
I		I	TO 6/30/2008	I	PARTS I & II	

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES				
1	00 HOSPITAL	20,181,225		20,181,225
2	00 SUBPROVIDER	1,792,108		1,792,108
2	01 ACUTE REHAB UNIT	1,729,610		1,729,610
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
6	00 SKILLED NURSING FACILITY	10,231,267		10,231,267
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,934,210		33,934,210
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS				
10	00 INTENSIVE CARE UNIT	3,076,853		3,076,853
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,076,853		3,076,853
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	37,011,063		37,011,063
17	00 ANCILLARY SERVICES	61,451,487	45,688,604	107,140,091
18	00 OUTPATIENT SERVICES	10,019,702	20,190,920	30,210,622
19	00 HOME HEALTH AGENCY		4,871,885	4,871,885
23	00 HOSPICE		2,078,689	2,078,689
24	00			
25	00 TOTAL PATIENT REVENUES	108,482,252	72,830,098	181,312,350

PART II-OPERATING EXPENSES

26	00 OPERATING EXPENSES	84,739,623
ADD (SPECIFY)		
27	00 ADD (SPECIFY)	
28	00	
29	00	
30	00	
31	00	
32	00	
33	00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)		
34	00 DEDUCT (SPECIFY)	
35	00	
36	00	
37	00	
38	00	
39	00 TOTAL DEDUCTIONS	
40	00 TOTAL OPERATING EXPENSES	84,739,623

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET G-3
I		I	TO 6/30/2008	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	181,312,350
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	95,350,223
3	NET PATIENT REVENUES	85,962,127
4	LESS: TOTAL OPERATING EXPENSES	84,739,623
5	NET INCOME FROM SERVICE TO PATIENTS	1,222,504
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	45,529
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	427,840
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	47,415
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	259,050
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,129
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	9,593
22	RENTAL OF HOSPITAL SPACE	239,875
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	2,146,072
25	TOTAL OTHER INCOME	3,177,503
26	TOTAL	4,400,007
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	INVESTMENT LOSSES	1,943,994
29		
30	TOTAL OTHER EXPENSES	1,943,994
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,456,013

Health Financial Systems MCRIF32
ANALYSIS OF PROVIDER-BASED
HOME HEALTH AGENCY COSTS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H
I HHA NO: I TO 6/30/2008 I
I 16-7154 I

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	480,555	110,397	21,353	167,733	308,490	1,088,528
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	663,030		55,796			718,826
7 PHYSICAL THERAPY						
8 OCCUPATIONAL THERAPY						
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES			1,057			1,057
11 HOME HEALTH AIDE	163,867		17,866			181,733
12 SUPPLIES					262,763	262,763
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER	185,135					185,135
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	1,492,587	110,397	96,072	167,733	571,253	2,438,042

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL		1,088,528	-85,118	1,003,410
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		718,826		718,826
7 PHYSICAL THERAPY				
8 OCCUPATIONAL THERAPY				
9 SPEECH PATHOLOGY				
10 MEDICAL SOCIAL SERVICES		1,057		1,057
11 HOME HEALTH AIDE		181,733		181,733
12 SUPPLIES		262,763		262,763
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER	-1,214	183,921		183,921
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-1,214	2,436,828	-85,118	2,351,710

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 COST ALLOCATION -
 HHA GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-4
 I HHA NO: I TO 6/30/2008 I PART I
 I 16-7154 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL	1,003,410					1,003,410	1,003,410
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	718,826					718,826	534,953
7 PHYSICAL THERAPY							
8 OCCUPATIONAL THERAPY							
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES	1,057					1,057	787
11 HOME HEALTH AIDE	181,733					181,733	135,246
12 SUPPLIES	262,763					262,763	195,549
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS	183,921					183,921	136,875
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)	2,351,710					2,351,710	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1 CAP-REL COST-BLDG & FIX	
2 CAP-REL COST-MOV EQUIP	
3 PLANT OPER & MAINT	
4 TRANSPORTATION	
5 ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES	
6 SKILLED NURSING CARE	1,253,779
7 PHYSICAL THERAPY	
8 OCCUPATIONAL THERAPY	
9 SPEECH PATHOLOGY	
10 MEDICAL SOCIAL SERVICES	1,844
11 HOME HEALTH AIDE	316,979
12 SUPPLIES	458,312
13 DRUGS	
13.20 COST ADMINISTERING DRUGS	
14 DME	
HHA NONREIMBURSABLE SERVICES	
15 HOME DIALYSIS AIDE SVCS	
16 RESPIRATORY THERAPY	
17 PRIVATE DUTY NURSING	
18 CLINIC	
19 HEALTH PROM ACTIVITIES	
20 DAY CARE PROGRAM	
21 HOME DEL MEALS PROGRAM	
22 HOMEMAKER SERVICE	
23 ALL OTHERS	320,796
23.50 TELEMEDICINE	
24 TOTAL (SUM OF LINES 1-23)	2,351,710

Health Financial Systems
COST ALLOCATION -
HHA STATISTICAL BASIS

MCRIF32

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED	1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET	H-4
I HHA NO:	I TO 6/30/2008	I PART II	
I 16-7154	I	I	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
1 GENERAL SERVICE COST CENTERS						
2 CAP-REL COST-BLDG & FIX						
3 CAP-REL COST-MOV EQUIP						
4 PLANT OPER & MAINT						
5 TRANSPORTATION						
6 ADMINISTRATIVE & GENERAL					-1,003,410	1,348,300
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE						718,826
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						1,057
13 HOME HEALTH AIDE						181,733
14 SUPPLIES						262,763
15 DRUGS						
16 COST ADMINISTERING DRUGS						
17 DME						
18 HHA NONREIMBURSABLE SERVICES						
19 HOME DIALYSIS AIDE SVCS						
20 RESPIRATORY THERAPY						
21 PRIVATE DUTY NURSING						
22 CLINIC						
23 HEALTH PROM ACTIVITIES						
24 DAY CARE PROGRAM						
25 HOME DEL MEALS PROGRAM						
26 HOMEMAKER SERVICE						
27 ALL OTHERS						183,921
28.50 TELEMEDICINE						
29 TOTAL (SUM OF LINES 1-23)					-1,003,410	1,348,300
30 COST TO BE ALLOCATED						1,003,410
31 UNIT COST MULTIPLIER						.744204

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-5
I HHA NO: I TO 6/30/2008 I PART I
I 16-7154 I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP SOUT H 1970 BUILD 3.01	NEW CAP BLUF F BUILDING 3.02	NEW CAP REL COSTS-RAD ON 3.03	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL			39,797	9,401		
2 SKILLED NURSING CARE	1,253,779					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,844					
7 HOME HEALTH AIDE	316,979					
8 SUPPLIES	458,312					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	320,796					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,351,710		39,797	9,401		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	EMPLOYEE BEN EFITS 5	INFORMATION SYSTEMS 6.02	PURCHASING, RECEIVING AN 6.03	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	69,532		53,662			172,392
2 SKILLED NURSING CARE	95,933					1,349,712
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,844
7 HOME HEALTH AIDE	23,710					340,689
8 SUPPLIES						458,312
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	26,787					347,583
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	215,962		53,662			2,670,532
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-5
I HHA NO: I TO 6/30/2008 I PART I
I 16-7154 I I

HHA 1

HHA COST CENTER	OTHER ADMINI STRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	30,871	132,765	107,868		19,456	
2 SKILLED NURSING CARE	241,698					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	330					
7 HOME HEALTH AIDE	61,009					
8 SUPPLIES	82,072					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	62,243					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	478,223	132,765	107,868		19,456	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25
1 ADMIN & GENERAL	58,065		32,639			554,056
2 SKILLED NURSING CARE						1,591,410
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						2,174
7 HOME HEALTH AIDE						401,698
8 SUPPLIES						540,384
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						409,826
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	58,065		32,639			3,499,548
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 6/30/2008 I PART I
 I 16-7154 I

HHA 1

HHA COST CENTER	POST DOWN	STEP ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26		27	28	29
1 ADMIN & GENERAL			554,056		
2 SKILLED NURSING CARE			1,591,410	299,348	1,890,758
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES			2,174	409	2,583
7 HOME HEALTH AIDE			401,698	75,561	477,259
8 SUPPLIES			540,384	101,648	642,032
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER			409,826	77,090	486,916
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)			3,499,548	554,056	3,499,548
21 UNIT COST MULTIPLIER				0.188103	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

ALLOCATION OF GENERAL SERVICE

COSTS TO HHA COST CENTERS

STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED	1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET	H-5
I HHA NO:	I TO 6/30/2008	I PART II	
I 16-7154	I	I	

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP SOUT H 1970 BUILD (SQUARE FEET	NEW CAP BLUF F BUILDING (SQUARE FEET	NEW CAP REL COSTS-RAD ON (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES)
	3	3.01	3.02	3.03	4	5
1 ADMIN & GENERAL		8,291	6,504			480,555
2 SKILLED NURSING CARE						663,030
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						163,867
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						185,135
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		8,291	6,504			1,492,587
21 COST TO BE ALLOCATED		39,797	9,401			215,962
22 UNIT COST MULTIPLIER		4.800024	1.445418			0.144690

HHA COST CENTER	INFORMATION SYSTEMS (ADMIN & GEN	PURCHASING, RECEIVING AN (COSTED REQUISITION	ADMITTING (GROSS ARGES	CASHIERING/A CCOUNTS RECE CH (GROSS ARGES	RECONCILIATI ON	OTHER ADMINI STRATIVE AND (ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL		347,589				172,392
2 SKILLED NURSING CARE						1,349,712
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,844
7 HOME HEALTH AIDE						340,689
8 SUPPLIES						458,312
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						347,583
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		347,589				2,670,532
21 COST TO BE ALLOCATED		53,662				478,223
22 UNIT COST MULTIPLIER		0.154383				0.179074

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 6/30/2008 I PART II
 I 16-7154 I

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (TOTAL FACILISQUA 7	OPERATION OF PLANT (TOTAL FACILISQUA 8	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY 9	HOUSEKEEPING (HOURS OF SERVICE 10	DIETARY (MEALS SERVED 11	CAFETERIA (MEALS SERVED 12
1 ADMIN & GENERAL	14,795	14,795		2,386		8,946
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	14,795	14,795		2,386		8,946
21 COST TO BE ALLOCATED	132,765	107,868		19,456		58,065
22 UNIT COST MULTIPLIER	8.973640	7.290842		8.154233		6.490610

HHA COST CENTER	NURSING ADMI NISTRATION (DIRECT NRSING HRS 14	CENTRAL SERV ICES & SUPPL (COSTED REQUISITION 15	MEDICAL RECO RDS & LIBRAR (GROSS CH ARGES 17	SOCIAL SERVI CE (TIME SPENT 18
1 ADMIN & GENERAL		347,589		
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)		347,589		
21 COST TO BE ALLOCATED		32,639		
22 UNIT COST MULTIPLIER		0.093901		

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2008 I PARTS I II & III
 I 16-7154 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS PART A 6
1	SKILLED NURSING	2	1,890,758		1,890,758	12,108	156.16	1,458
2	PHYSICAL THERAPY	3		128,766	128,766	3,785	34.02	780
3	OCCUPATIONAL THERAPY	4						
4	SPEECH PATHOLOGY	5		2,861	2,861	70	40.87	6
5	MEDICAL SOCIAL SERVICES	6	2,583		2,583	169	15.28	23
6	HOME HEALTH AIDE SERVICE	7	477,259		477,259	3,446	138.50	153
7	TOTAL		2,370,600	131,627	2,502,227	19,578		2,420

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST 12
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
1	SKILLED NURSING	621		227,681	96,975	324,656
2	PHYSICAL THERAPY	226		26,536	7,689	34,225
3	OCCUPATIONAL THERAPY					
4	SPEECH PATHOLOGY			245		245
5	MEDICAL SOCIAL SERVICES	8		351	122	473
6	HOME HEALTH AIDE SERVICES	145		21,191	20,083	41,274
7	TOTAL	1,000		276,004	124,869	400,873

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
PATIENT SERVICES		1	2	3	4		
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST 12
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
8	SKILLED NURSING					
8.01	SKILLED NURSING					
8.02	SKILLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					
9.02	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
10.01	OCCUPATIONAL THERAPY					
10.02	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
14	TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	642,032	395	642,427	3,858,433	.166499	3,123
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	1,414		520	235
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNLAP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNLAP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.466030	276,305	128,766	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.559893	5,110	2,861	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.032863	12,013	395	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.242787			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	34.02					
2 OCCUPATIONAL THERAPY	3						
3 SPEECH PATHOLOGY	4	40.87					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET H-7
I HHA NO:	I TO 6/30/2008	I PARTS I & II
I 16-7154	I	I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES
PART A

	1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	274,498	107,914	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	274,498	107,914	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	274,498	107,914	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	392,623	149,001
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,691	3,048
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	848	592
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	7,600	
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	404,762	152,641
13 EXCESS REASONABLE COST		
14 SUBTOTAL	404,762	152,641
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	404,762	152,641
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	404,762	152,641
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	404,762	152,641
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	404,762	152,641
25 INTERIM PAYMENTS	404,762	152,641
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 (11/1998)

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET H-8
I HHA NO:	I TO 6/30/2008	I
I 16-7154	I	I

TITLE XVIII HHA 1

DESCRIPTION	PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		404,762		152,641
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE 404,762		NONE 152,641
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I
 I SATELLITE NO: I TO 6/30/2008 I WORKSHEET I-1
 I I I

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

___ HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	311,532	HOURS OF SERVICE	11,438.00	5.50
2 LICENSED PRACTICAL NURSES	29,823	HOURS OF SERVICE	1,540.00	.74
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	165,735	HOURS OF SERVICE	12,288.00	5.91
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	82,964	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	590,054			
10 EMPLOYEE BENEFITS	42,612	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	180,013	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER	114,721	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	927,400			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	27,079	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	85,375	SALARY		
23 ADMINISTRATIVE AND GENERAL	225,139	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	111,109	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	2,071	REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	862,043	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	2,240,216			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	2,240,216			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE,
 AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

Health Financial Systems		MCRIF32	FOR MERCY MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96 (5/2008)		
ALLOCATION OF RENAL DEPARTMENT COSTS TO		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
TREATMENT MODILITIES		I	16-0080	I	FROM 7/ 1/2007	I	
		I	SATELLITE NO:	I	TO 6/30/2008	I	WORKSHEET I-2
		I		I		I	
CHECK ONE:		XX RENAL DIALYSIS DEPARTMENT		___ HOME PROGRAM DIALYSIS			

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS	138,188		311,532	195,558	127,987
2	MAINTENANCE					
3	HEMODIALYSIS	138,188		311,532	195,558	127,987
4	INTERMITTENT PERITONEAL					
5	TRAINING					
6	HEMODIALYSIS					
7	INTERMITTENT PERITONEAL					
8	CAPD					
9	CCDP					
10	HOME					
11	HEMODIALYSIS					
12	INTERMITTENT PERITONEAL					
13	CAPD					
14	CCDP					
15	OTHER BILLABLE SERVICES					
16	INPATIENT DIALYSIS					
17	METHOD II HOME PATIENT					
18	EPO (INCLUDED IN RENAL DEPARTMENT)					
19	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
20	OTHER					
21	TOTAL (SUM OF LINES 2-15)	138,188		311,532	195,558	127,987
22	MEDICAL EDUCATION PROGRAM COSTS					
23	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS		182,084		955,349	1,284,867
2	MAINTENANCE					
3	HEMODIALYSIS		182,084		955,349	1,284,867
4	INTERMITTENT PERITONEAL					
5	TRAINING					
6	HEMODIALYSIS					
7	INTERMITTENT PERITONEAL					
8	CAPD					
9	CCDP					
10	HOME					
11	HEMODIALYSIS					
12	INTERMITTENT PERITONEAL					
13	CAPD					
14	CCDP					
15	OTHER BILLABLE SERVICES					
16	INPATIENT DIALYSIS					
17	METHOD II HOME PATIENT					
18	EPO (INCLUDED IN RENAL DEPARTMENT)					
19	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
20	OTHER					
21	TOTAL (SUM OF LINES 2-15)		182,084		955,349	1,284,867
22	MEDICAL EDUCATION PROGRAM COSTS					
23	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS	2,240,216
2	MAINTENANCE	
3	HEMODIALYSIS	2,240,216
4	INTERMITTENT PERITONEAL	
5	TRAINING	
6	HEMODIALYSIS	
7	INTERMITTENT PERITONEAL	
8	CAPD	
9	CCDP	
10	HOME	
11	HEMODIALYSIS	
12	INTERMITTENT PERITONEAL	
13	CAPD	
14	CCDP	
15	OTHER BILLABLE SERVICES	
16	INPATIENT DIALYSIS	
17	METHOD II HOME PATIENT	
18	EPO (INCLUDED IN RENAL DEPARTMENT)	
19	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
20	OTHER	
21	TOTAL (SUM OF LINES 2-15)	2,240,216
22	MEDICAL EDUCATION PROGRAM COSTS	
23	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,240,216

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
 I 16-0080 I FROM 7/ 1/2007 I
 I SATELLITE NO: I TO 6/30/2008 I WORKSHEET I-3
 I I I

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

___ HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	RNS 3 (HOURS)	OTHER 4 (HOURS)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	138,188		311,532	195,558	127,987
2	HEMODIALYSIS	4,826	100.00	27,357.00	27,357.00	590,054
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS TREATMENTS					
15	METHOD II HOME PATIENT					
16	EPO					
17	ARANESP					
18	OTHER					
19	TOTAL STATISTICAL BASIS	4,826	100.00	27,357.00	27,357.00	590,054
20	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	28.634065		11.387652	7.148372	.216907

COMPOSITE PAYMENT SERVICES		DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		182,084		955,349	1,284,867
2	HEMODIALYSIS		22,050			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS TREATMENTS					
15	METHOD II HOME PATIENT					
16	EPO					
17	ARANESP					
18	OTHER					
19	TOTAL STATISTICAL BASIS		22,050			955,349
20	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		8.257778			1.344919

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

I PROVIDER NO:	I PERIOD:	I PREPARED	1/16/2009
I 16-0080	I FROM 7/ 1/2007	I	
I SATELLITE NO:	I TO 6/30/2008	I WORKSHEET I-4	
I	I	I RATE	0

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

___ HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	
1 MAINTENANCE - HEMODIALYSIS	9,655	2,240,216	232.03	8,418	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	9,655	2,240,216		8,418	
	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT	
	5	6	6.01	7	
1 MAINTENANCE - HEMODIALYSIS	1,953,229	154.97		1,304,537	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	1,953,229			1,304,537	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM	I	7/ 1/2007	I
I	SATELLITE NO:	I	TO	I	6/30/2008	I
I		I		I	WORKSHEET I-5	I
				I	RATE	0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,953,229
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	1,304,537
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	260,909
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	6,428
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	254,481
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,043,630
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	6,426
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5) (TRANSFER TO WORKSHEET E, PART B, LINE 26)	6,426

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET K
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	16-1527	I		I	

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	56,444	132,204	-647	131,557
8 INPATIENT CARE SERVICE		26,112		26,112
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES		11,087		11,087
13 NURSING CARE		569,683		569,683
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		37,082		37,082
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER		142,214		142,214
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	112,218	112,218		112,218
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	2,931	2,931		2,931
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	171,593	1,033,531	-647	1,032,884

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET K
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	16-1527	I		I	

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1		
2		
3		
4		
5		
6		
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10.20		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
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31		
32		
33		
34		
GENERAL SERVICE COST CENTERS		
CAPITAL RELATED COSTS-BLDG AND FIXT.		
CAPITAL RELATED COSTS-MOVABLE EQUIP.		
PLANT OPERATION AND MAINTENANCE		
TRANSPORTATION - STAFF		
VOLUNTEER SERVICE COORDINATION		
ADMINISTRATIVE AND GENERAL	981	132,538
INPATIENT CARE SERVICE		
INPATIENT - GENERAL CARE		26,112
INPATIENT - RESPIRE CARE		
VISITING SERVICES		
PHYSICIAN SERVICES		11,087
NURSING CARE		569,683
NURSING CARE-CONTINUOUS HOME CARE		
PHYSICAL THERAPY		
OCCUPATIONAL THERAPY		
SPEECH/LANGUAGE PATHOLOGY		
MEDICAL SOCIAL SERVICES		
SPIRITUAL COUNSELING		
DIETARY COUNSELING		
COUNSELING - OTHER		
HOME HEALTH AIDE AND HOMEMAKER		37,082
HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
OTHER		142,214
DRUGS BIOLOGICAL AND INFUSION THERAPY		112,218
ANALGESICS		
SEDATIVES / HYPNOTICS		
OTHER - SPECIFY		
DURABLE MEDICAL EQUIPMENT/OXYGEN		
PATIENT TRANSPORTATION		
IMAGING SERVICES		
LABS AND DIAGNOSTICS		
MEDICAL SUPPLIES		2,931
OUTPATIENT SERVICES (INCL. E/R DEPT.)		
RADIATION THERAPY		
CHEMOTHERAPY		
OTHER		
BEREAVEMENT PROGRAM COSTS		
VOLUNTEER PROGRAM COSTS		
FUNDRAISING		
OTHER PROGRAM COSTS		
TOTAL (SUM OF LINES 1 THRU 33)	981	1,033,865

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL	SUPERVISORS
1	2	SERVICES	4
		3	

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	41,406
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
18.20	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	41,406

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-1
I HOSPICE NO:	I TO 6/30/2008	I
I 16-1527	I	I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	217,719			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			29,902	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				134,236
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	217,719		29,902	134,236

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	41,406
7	INPATIENT CARE SERVICE	
8	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	217,719
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	29,902
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	134,236
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	423,263

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-2
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM	7/ 1/2007	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO	6/30/2008	I	
I	16-1527	I			I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				30,600
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				30,600

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

COMPENSATION ANALYSIS
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET K-2
I HOSPICE NO: I TO 6/30/2008 I
I 16-1527 I I

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	30,600
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	30,600

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL	SUPERVISORS
1	2	SERVICES	4
		3	

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	16-1527	I		I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			

26,112

11,087

335,676

4,812

377,687

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 6/30/2008	I		
I	16-1527	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	26,112
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	11,087
13	NURSING CARE	335,676
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	4,812
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	377,687

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

Health Financial Systems	MCRIF32	FOR MERCY MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)		
COST ALLOCATION -			I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
HOSPICE GENERAL SERVICE COST			I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-4
			I HOSPICE NO:	I TO 6/30/2008	I PART I
			I 16-1527	I	I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	132,538			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	26,112			
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	11,087			
13 NURSING CARE	569,683			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	37,082			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER	142,214			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	112,218			
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	2,931			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,033,865			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART	I
I	16-1527	I		I		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			132,538	132,538
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			26,112	3,840
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			11,087	1,630
13 NURSING CARE			569,683	83,771
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			37,082	5,453
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			142,214	20,912
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			112,218	16,501
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			2,931	431
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			901,327	132,538

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART I
I	16-1527	I		I	

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	29,952
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	12,717
13	NURSING CARE	653,454
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	42,535
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	163,126
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	128,719
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	3,362
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,033,865

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART II	
I	16-1527	I		I		

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL			
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
35	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART II	
I	16-1527	I		I		

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-132,538	901,327
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			26,112
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			11,087
13 NURSING CARE			569,683
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			37,082
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			142,214
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			112,218
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			2,931
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41 FUNDRAISING			
42 OTHER PROGRAM COSTS			
43 COST TO BE ALLOCATED (PER WKST K-4, PART I)			132,538
44 UNIT COST MULTIPLIER	.000000		.147048

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-5
I HOSPICE NO:	I TO 6/30/2008	I PART I
I 16-1527	I	I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP SOUTH 1970 BUILDING	NEW CAP BLUFF BUILDING
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				19
2.00 INPATIENT - GENERAL CARE	7	29,952			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	12,717			
5.00 NURSING CARE	10	653,454			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOME MAKER	18	42,535			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	163,126			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	128,719			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	3,362			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,033,865			19
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	INFORMATION SYSTEMS
	3.03	4	5	6.02
1.00 ADMINISTRATIVE AND GENERAL			5,991	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			31,501	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER			4,327	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00			19,423	
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			61,242	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I 1/16/2009
I HOSPICE NO:	I TO 6/30/2008	I WORKSHEET K-5
I 16-1527	I	I PART I

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	6.03	6.04	6.05	6A.05
1.00 ADMINISTRATIVE AND GENERAL				6,010
2.00 INPATIENT - GENERAL CARE				29,952
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				12,717
5.00 NURSING CARE				684,955
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				46,862
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				163,126
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				128,719
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				3,362
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				19,423
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				1,095,126
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.06	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	1,076	117	95	
2.00 INPATIENT - GENERAL CARE	5,364			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	2,277			
5.00 NURSING CARE	122,658			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	8,392			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	29,212			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	23,050			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	602			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	3,478			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	196,109	117	95	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO:	I PERIOD:	I PREPARED 1/16/2009
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-5
I HOSPICE NO:	I TO 6/30/2008	I PART I
I 16-1527	I	I

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	33		14,292	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	33		14,292	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	15	17	18	25
1.00 ADMINISTRATIVE AND GENERAL				21,623
2.00 INPATIENT - GENERAL CARE				35,316
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				14,994
5.00 NURSING CARE				807,613
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				55,254
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				192,338
15.30 ANALGESICS				151,769
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				3,964
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				22,901
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				1,305,772
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-5
I HOSPICE NO:	I TO 6/30/2008	I PART I
I 16-1527	I	I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		21,623		
2.00 INPATIENT - GENERAL CARE		35,316	595	35,911
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES		14,994	252	15,246
5.00 NURSING CARE		807,613	13,599	821,212
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		55,254	930	56,184
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		192,338	3,239	195,577
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		151,769	2,555	154,324
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		3,964	67	4,031
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00		22,901	386	23,287
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,305,772		1,305,772
30.00 UNIT COST MULTIPLIER			.016838	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP SOUTH 1970 BUILDING (SQUARE FEET)	NEW CAP BLUFF BUILDING (SQUARE FEET)	NEW CAP REL COSTS-RAD ONCOLOGY BLDG (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL			13	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			13	
30.00 TOTAL COST TO BE ALLOCATED			19	
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.461538	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	INFORMATION SYSTEMS (ADMIN & GEN)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITION)
	4	5	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL		41,406		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		217,719		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		29,902		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00		134,236		
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		423,263		
30.00 TOTAL COST TO BE ALLOCATED		61,242		
31.00 UNIT COST MULTIPLIER	.000000	.144690	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

HOSPICE 1

	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	INFORMATION SYSTEMS	PURCHASING, RECEIVING AND STORES
HOSPICE COST CENTER	4	5	6.02	6.03
	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.04	6.05	6A.06	6.06
1.00 ADMINISTRATIVE AND GENERAL				6,010
2.00 INPATIENT - GENERAL CARE				29,952
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				12,717
5.00 NURSING CARE				684,955
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				46,862
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				163,126
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				128,719
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				3,362
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				19,423
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				1,095,126
30.00 TOTAL COST TO BE ALLOCATED				196,109
31.00 UNIT COST MULTIPLIER	.000000	.000000		.179074

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I WORKSHEET K-5
I HOSPICE NO:	I TO 6/30/2008	I PART II
I 16-1527	I	I

HOSPICE 1

	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPICE COST CENTER	(TOTAL FACILISQUA) 7	(TOTAL FACILISQUA) 8	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	13		13	4
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	13	13		4
30.00 TOTAL COST TO BE ALLOCATED	117	95		33
31.00 UNIT COST MULTIPLIER	9.000000	7.307692	.000000	8.250000

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
HOSPICE COST CENTER	(MEALS SERVED) 11	(MEALS SERVED) 12	(DIRECT NRSG HRS) 14	(COSTED REQUISITION) 15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		2,202		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,202		
30.00 TOTAL COST TO BE ALLOCATED		14,292		
31.00 UNIT COST MULTIPLIER	.000000	6.490463	.000000	.000000

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 16-0080	I FROM 7/ 1/2007	I 1/16/2009
I HOSPICE NO:	I TO 6/30/2008	I WORKSHEET K-5
I 16-1527	I	I PART II

HOSPICE 1

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
HOSPICE COST CENTER	11	12	14	15

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(TIME SPENT)
HOSPICE COST CENTER	17	18

1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 1/16/2009
I 16-0080 I FROM 7/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 6/30/2008 I PART III
I 16-1527 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.466030	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.559893	
4	DRUGS CHARGED TO PATIENTS	56	.242787	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.233158	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.032863	
8	EMERGENCY	61	.436707	
9	RADIOLOGY-DIAGNOSTIC	41	.272665	
10	SPECIAL PROCEDURES	59	.252524	
10.02	PARTIAL HOSPITALIZATION			
11	TOTAL (SUM OF LINES 1-10)	59.02		

CALCULATION OF PER DIEM COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET K-6
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	16-1527	I		I	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,305,772
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				16,362
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				79.81
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,833			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	465,532			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			10,529	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			840,319	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/16/2009
I	16-0080	I	FROM 7/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
I	16-0080	I		I	

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,334,366
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	19,424
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	61.39
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,353,790

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	